

AL/HP-1
ALCOHOL/HEALTH PRACTICES SUPPLEMENT
1983 NHIS COMPUTER PROCESSING
PUBLIC USE FILE

Tape Locations	Item No.	Frequency	Items and Codes
1-2	-		RECORD TYPE
		22,418	90. Alcohol/Health Practices Supplement
3-4	-		PROCESSING YEAR
		22,418	83. 1983
5	-		PROCESSING QUARTER
		5,580	1. Quarter 1
		5,708	2. Quarter 2
		5,473	3. Quarter 3
		5,657	4. Quarter 4
6-8	HH-5		RANDOM RECODE OF PSU NUMBER
9-10	HH-5		WEEK - CENSUS CODE
			01, 21, 41, 61, 81 ... Week 01
			02, 22, 42, 62, 82 ... Week 02
			03, 23, 43, 63, 83 ... Week 03
			04, 24, 44, 64, 84 ... Week 04
			05, 25, 45, 65, 85 ... Week 05
			06, 26, 46, 66, 86 ... Week 06
			07, 27, 47, 67, 87 ... Week 07
			08, 28, 48, 68, 88 ... Week 08
			09, 29, 49, 69, 89 ... Week 09
			10, 30, 50, 70, 90 ... Week 10
			11, 31, 51, 71, 91 ... Week 11
			12, 32, 52, 72, 92 ... Week 12
			13, 33, 53, 73, 93 ... Week 13

AL/HP-2

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
11-12	HH-5		SEGMENT NUMBER Week plus Segment Number identifies the segment
13-14	HH-5		HOUSEHOLD NUMBER Numbered within PSU-Week-Segment
15-16	-		PERSON NUMBER
17-18	-		BLANK (Record Serial Number on other record types).
19-20	HH-5		WEEK CODE (Numbered within Quarter)
		1,715	Week 01. 01, 21, 41, 61, 81
		1,714	Week 02. 02, 22, 42, 62, 82
		1,726	Week 03. 03, 23, 43, 63, 83
		1,739	Week 04. 04, 24, 44, 64, 84
		1,752	Week 05. 05, 25, 45, 65, 85
		1,722	Week 06. 06, 26, 46, 66, 86
		1,690	Week 07. 07, 27, 47, 67, 87
		1,779	Week 08. 08, 28, 48, 68, 88
		1,721	Week 09. 09, 29, 49, 69, 89
		1,703	Week 10. 10, 30, 50, 70, 90
		1,745	Week 11. 11, 31, 51, 71, 91
		1,668	Week 12. 12, 32, 52, 72, 92
		1,744	Week 13. 13, 33, 53, 73, 93
21			BLANK

AL/HP-3

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
22-23	HH-10d		TYPE OF LIVING QUARTERS:
			<u>Housing Unit = (00-07)</u>
		153	00. Housing unit; kind unknown
		21,016	01. House, apartment, flat
		17	02. HU in nontransient hotel, motel, etc.
		16	03. HU-permanent in transient hotel, motel, etc.
		7	04. HU in rooming house
		859	05. Mobile home or trailer with no permanent room added
		149	06. Mobile home or trailer with one or more permanent rooms added
		14	07. HU not specified above
			<u>Other Unit = (08-12)</u>
		11	08. Quarters not HU in rooming or boarding house
		0	09. Unit not permanent in transient hotel, motel, etc.
		0	10. Unoccupied tent site or trailer site
		169	11. Other unit not specified above
		7	12. Other unit; kind unknown
24	HH-11		HAS TELEPHONE
		20,334	1. Yes, phone number given
		598	2. Yes, no phone number given
		1,414	3. No
		72	4. Unknown
25	A-1		SEX
		9,616	1. Male
		12,802	2. Female
26	-		BLANK

AL/HP-4

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
27-28	Person Column		AGE
		0	00. Under 1 year
		22,415	01-98. Number of years
		3	99. 99+ years of age
29	Recode		AGE RECODE #1
		0	1. Under 5 years
		0	2. 5-17 years
		3,506	3. 18-24 years
		9,089	4. 25-44 years
		6,196	5. 45-64 years
		1,265	6. 65-69 years
		1,019	7. 70-74 years
		1,343	8. 75 years and over
30	Recode		AGE RECODE #2
		0	1. Under 6 years
		0	2. 6-16 years
		3,506	3. 17-24 years
		5,249	4. 25-34 years
		3,840	5. 35-44 years
		3,111	6. 45-54 years
		3,085	7. 55-64 years
		2,284	8. 65-74 years
		1,343	9. 75 years and over
31-32	Recode		AGE RECODE #3
		0	00-35. Months
		22,418	36. Over 3 years
33	-		BLANK

AL/HP-5

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
<u>34-39</u>	A-3		MONTH AND YEAR OF BIRTH
34-35			<u>Month</u>
			01. January 07. July
			02. February 08. August
			03. March 09. September
			04. April 10. October
			05. May 11. November
			06. June 12. December
			99. DK or refused
36-39			<u>Year of Birth</u>
			1800-1899. 1800-1899
			1900-1983. 1900-1983
			9999. DK or refused
40-41	Transfer		AGE OF FAMILY REFERENCE PERSON
		22,416	12-98. Number of years
		2	99. 99+ years of age
		0	Blank. No reference person (all adults in Armed Forces)
42	L-3		MAIN RACIAL BACKGROUND - Reported
		130	1. Aleut, Eskimo, or American Indian
		343	2. Asian/Pacific Islander
		2,117	3. Black
		19,462	4. White
		248	5. Other
		29	6. Multiple race
		89	7. Unknown

AL/HP-6

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
<u>43-45</u>	Recode		RACE RECODES
43			<u>Recode 1</u>
		19,797	1. White
		2,137	2. Black
		484	3. Other
44			<u>Recode 2</u>
		19,797	1. White
		2,621	2. Non-white
45			<u>Recode 3</u>
		2,137	1. Black
		20,281	2. Non-black
<u>46-47</u>	L-4		HISPANIC ORIGIN
		10	00. Multiple Hispanic
		169	01. Puerto Rican
		105	02. Cuban
		307	03. Mexican-Mexicano
		445	04. Mexican-American
		16	05. Chicano
		133	06. Other Latin American
		163	07. Other Spanish
		44	08. Spanish, DK type
		110	09. Unknown if Spanish origin
		20,916	10. Not Spanish origin
48	L-7		MARITAL STATUS
		0	0. Under 14 years of age
		14,547	1. Married - spouse in household
		122	2. Married - spouse not in household
		1,761	3. Widowed
		1,477	4. Divorced
		518	5. Separated
		3,919	6. Never married
		74	7. Unknown

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
49	L-1		VETERAN STATUS
		18,460	1. Non-veteran
		41	2. WW I
		1,310	3. WW II
		614	4. Korean War
		1,044	5. Vietnam veteran
		175	6. Post-Vietnam
		466	7. Other service
		66	8. Served in Armed Forces, unknown if war veteran
		242	9. Unknown if served in Armed Forces
		0	Blank. Under 18 years of age
50	L-1		ACTIVE GUARD/RESERVE STATUS FOR PERSONS ON ACTIVE DUTY IN ARMED FORCES
		18,460	0. Non-veteran
		276	1. All service in Guard/Reserve
		513	2. Some service in Guard/Reserve
		8	3. Unknown if all service in Guard/Reserve
		2,758	4. No active service in Guard/Reserve
		403	5. Unknown if ever active member in Guard/Reserve or served in Armed Forces
		0	Blank. Under 18 years of age
51-52	L-2		EDUCATION OF INDIVIDUAL - COMPLETED YEARS
		110	00. Never attended; kindergarten only
		14,585	01-12. Grades 1-12
			<u>College:</u>
		1,480	13. 1 year
		1,700	14. 2 years
		710	15. 3 years
		2,164	16. 4 years
		478	17. 5 years
		1,053	18.. 6 years or more
		138	19. Unknown
		0	Blank. Under 5 years of age

AL/HP-8

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
53	Recode		EDUCATION OF INDIVIDUAL RECODE
		110	0. None; kindergarten only
		2,780	1. 1-8 years (elementary)
		3,101	2. 9-11 years (high school)
		8,704	3. 12 years (high school graduate)
		3,890	4. 1-3 years (college)
		2,164	5. 4 years (college graduate)
		1,531	6. 5+ years (post-college)
		138	7. Unknown
		0	Blank. Under 5 years of age
54-55	-		EDUCATION OF FAMILY REFERENCE PERSON (Detail)
		114	00. Never attended; kindergarten only
		14,184	01-12. Grades 1-12
			<u>College:</u>
		1,282	13. 1 year
		1,677	14. 2 years
		674	15. 3 years
		2,357	16. 4 years
		508	17. 5 years
		1,438	18. 6 years or more
		184	19. Unknown
		0	Blank. No reference person (all adults in Armed Forces)
56	-		EDUCATION OF FAMILY REFERENCE PERSON - Recode
		114	0. None; kindergarten only
		3,365	1. 1-8 years (elementary)
		3,045	2. 9-11 years (high school)
		7,774	3. 12 years (high school graduate)
		3,633	4. 1-3 years (college)
		2,357	5. 4 years (college graduate)
		1,946	6. 5+ years (post-college)
		184	7. Unknown
		0	Blank. No reference person (all adults in Armed Forces)

AL/HP-9

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
57	L-8		FAMILY INCOME \pm \$20,000
		10,314	1. Less than \$20,000
		11,278	2. \$20,000 or more
		826	3. Unknown
58-59	L-8		FAMILY INCOME
		192	00. Less than \$1,000
		214	01. \$ 1,000 - \$ 1,999
		281	02. 2,000 - 2,999
		469	03. 3,000 - 3,999
		466	04. 4,000 - 4,999
		530	05. 5,000 - 5,999
		534	06. 6,000 - 6,999
		498	07. 7,000 - 7,999
		539	08. 8,000 - 8,999
		535	09. 9,000 - 9,999
		673	10. 10,000 - 10,999
		445	11. 11,000 - 11,999
		637	12. 12,000 - 12,999
		380	13. 13,000 - 13,999
		417	14. 14,000 - 14,999
		579	15. 15,000 - 15,999
		434	16. 16,000 - 16,999
		459	17. 17,000 - 17,999
		541	18. 18,000 - 18,999
		576	19. 19,000 - 19,999
		2,463	20. 20,000 - 24,999
		2,109	21. 25,000 - 29,999
		1,687	22. 30,000 - 34,999
		1,243	23. 35,000 - 39,999
		932	24. 40,000 - 44,999
		651	25. 45,000 - 49,999
		1,461	26. \$50,000 and over
		2,473	27. Unknown

AL/HP-10

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
60	Recode		FAMILY INCOME RECODE
		1,622	0. Under \$5,000
		1,064	1. \$ 5,000 - \$ 6,999
		1,572	2. 7,000 - 9,999
		2,552	3. 10,000 - 14,999
		2,589	4. 15,000 - 19,999
		2,463	5. 20,000 - 24,999
		3,796	6. 25,000 - 34,999
		2,826	7. 35,000 - 49,999
		1,461	8. \$50,000 or more
		2,473	9. Unknown
61	Generated		NHIS POVERTY INDEX
		18,264	1. Above poverty threshold
		1,681	2. Below poverty threshold
		2,473	3. Unknown
<u>62-63</u>			FAMILY RELATIONSHIP
62	A-2		<u>Type of Family</u>
		3,098	&. Primary individual
		480	-. Secondary individual
		18,802	0. Primary family
		38	1-9. Secondary family
63	A-2		<u>Relationship to Reference Person</u>
		2,869	&. Reference person, living alone
		9,200	0. Reference person, 2+ persons in household
		7,368	1. Spouse, other spouse NOT in Armed Forces and living at home
		103	2. Spouse, other spouse IN Armed Forces and living at home
		2,195	3. Child of reference person or spouse
		47	4. Grandchild of reference person or spouse
		219	5. Parent of reference person or spouse
		417	6. Other relative
		0	7. Child of ineligible reference person
		0	9. DK or refused

AL/HP-11

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
64	Recode		FAMILY RELATIONSHIP RECODE
		2,869	1. Living alone
		709	2. Living only with non-relative
		14,542	3. Living with spouse
		4,298	4. Living with relative - other
65-66	Generated		SIZE OF FAMILY^{1/}
			Unrelated individuals are coded 01
67	Generated		SIZE OF FAMILY RECODE
			1-8. Number of members
			9. 9+ members
68	A-2		PARENT/OTHER ADULT RELATIVE (under 25 years old and never married)
		770	1. Both parents, no other relative
		200	2. Mother only
		29	3. Father only
		364	4. Both parents and other 21+ year old adult relative
		104	5. Mother and other 21+ year old adult relative
		14	6. Father and other 21+ year old adult relative
		60	7. No parent, but one 21+ year old adult relative
		50	8. No parent, but two or more 21+ year old adult relatives
		189	9. Unknown
		512	0. Other
		20,126	Blank. Not applicable (25+ years old or ever married)

^{1/}Count includes spouse in military but living at home.

AL/HP-12

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
69	B-1 B-8		MAJOR ACTIVITY (18+ years old)
		12,322	1. Working
		5,868	2. Keeping house
		1,325	3. Going to school
		2,733	4. Something else
		170	5. Unknown
		0	Blank. Not applicable (Under 18 years)
70	G-4		HEALTH STATUS
		7,693	1. Excellent
		5,854	2. Very Good
		5,644	3. Good
		2,259	4. Fair
		884	5. Poor
		84	6. Unknown
71	Recode		ACTIVITY LIMITATION STATUS - (all ages)
		1,002	1. Unable to perform major activity
		1,767	2. Limited in kind/amount major activity
		1,344	3. Limited in other activities
		18,305	4. Not limited (includes unknowns)
72	Recode		ACTIVITY LIMITATION STATUS MEASURED BY "ABILITY TO WORK" (18-70 years)
		1,324	1. Unable to work
		1,134	2. Limited in kind/amount of work
		757	3. Limited in other activities
		16,841	4. Not limited (includes unknowns)
		2,362	Blank. Not applicable (under 18 years, 71+ years)

AL/HP-13

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
73-74			BLANK
75	D-1		EMPLOYMENT STATUS IN PAST 2 WEEKS (18+ years)
			<u>In the Labor Force: (1-7)</u>
			<u>Currently employed: (1-3)</u>
		12,630	1. Worked in past 2 weeks
		301	2. Did not work, has job; <u>not</u> on lay-off and not looking for work
		15	3. Did not work, has job; looking for work
			<u>Unemployed: (4-7)</u>
		44	4. Did not work, has job; on lay-off
		13	5. Did not work, has job; on lay-off <u>and</u> looking for work
		243	6. Did not work, has job; unknown if looking or on lay-off
		928	7. Did not work no job; looking for work or on lay-off
			<u>Not in Labor Force (18+ years): (8)</u>
		8,244	8. Not in Labor Force (18+ years)
		0	Blank. Not applicable (Under 18 years old)

AL/HP-14

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
76	L-6		CLASS OF WORKER
		8,244	0. Not in labor force
		10,152	1. Private company
		438	2. Federal Government employee
		560	3. State Government employee
		1,242	4. Local Government employee
		325	5. Incorporated business
		1,187	6. Self-employed
		93	7. Without pay
		54	8. Never worked
		123	9. Unknown
		0	Blank. Under 18
77-79	L-6		INDUSTRY DETAIL CODE
		14,174	010-996. Code number
		8,244	Blank. Not applicable
80-81	Recode		INDUSTRY RECODE 1
			SEE ATTACHMENT 1
82-83	Recode		INDUSTRY RECODE 2
			SEE ATTACHMENT 1
84-86	L-6		OCCUPATION DETAIL CODE
		14,174	003-999. Code number
		8,244	Blank. Not applicable
87-88	Recode		OCCUPATION RECODE 1
			SEE ATTACHMENT 2

AL/HP-15
NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
89-90	Recode		OCCUPATION RECODE 2 SEE ATTACHMENT 2
91	L-R		RESPONDENT ¹
		0 16,009 1,724 4,609 76	0. Under 17 1. Self-entirely 2. Self-partly 3. Proxy 4. Unknown
92	Recode		CONDITION LIST ASSIGNED AND ASKED
		3,718 3,795 3,737 3,640 3,739 3,674 115	1. Condition List 1, Skin and musculoskeletal 2. Condition List 2, Impairments 3. Condition List 3, Digestive 4. Condition List 4, Miscellaneous 5. Condition List 5, Circulatory 6. Condition List 6, Respiratory 7. Unknown
93-94	G-5		HEIGHT WITHOUT SHOES (18+ years) 36-98. Number of inches 99. Unknown Blank. Under 18 years of age
95-97	G-5		WEIGHT WITHOUT SHOES (18+ years) 050-500. Number of pounds 501. Unknown Blank. Under 18 years of age
98-99	Recode		TOTAL RESTRICTED ACTIVITY DAYS IN PAST TWO WEEKS
		20,086 2,332	00. None 01-14. Days

¹ For basic questionnaire only.

AL/HP-16
NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
100-101	D-4		BED DAYS IN PAST TWO WEEKS
		21,054	00. None
		1,364	01-14. Days
102-103	D-2		WORK-LOSS DAYS IN PAST TWO WEEKS
		21,705	00. None
		713	01-14. Days
104-105	D-3		SCHOOL-LOSS DAYS IN PAST TWO WEEKS
		22,418	00. none
		0	01-14. Days
106-107	D-6		OTHER DAYS OF RESTRICTED ACTIVITY IN PAST TWO WEEKS
		21,185	00. None
		1,233	01-14. Days
108-110	G-2		BED DAYS IN PAST 12 MONTHS
		12,629	000. None
		9,691	001-365. 1-365 days
		98	366. Unknown
111	Recode		BED DAYS IN PAST 12 MONTHS - Recode
		12,629	0. None
		6,781	1. 1-7 days
		2,150	2. 8-30 days
		638	3. 31-180 days
		122	4. 181-365 days
		98	5. Unknown

AL/HP-17

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
112-114	G-3		DOCTOR VISITS IN PAST 12 MONTHS
		5,966	000. None
		16,390	001-996. Visits
		0	997. 997+ visits
		62	998. Unknown
115	G-3		INTERVAL SINCE LAST DOCTOR VISIT
		26	0. Never
		16,561	1. Less than 1 year
		2,309	2. 1 to less than 2 years
		2,391	3. 2 to less than 5 years
		942	4. 5 years or more,
		189	5. Unknown
116-117	Generated		NUMBER OF CONDITIONS
118-119	Generated		NUMBER OF ACUTE INCIDENCE CONDITIONS
120-121	Generated		NUMBER OF TWO-WEEK DOCTOR VISITS
122-123	Generated		NUMBER OF SHORT-STAY HOSPITAL EPISODES IN IN PAST 12 MONTHS
124-126	Generated		SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS
127-128	Generated		NUMBER OF SHORT-STAY HOSPITAL EPISODES IN PAST 12 MONTHS EXCLUDING DELIVERY <u>1/</u>
129-131	Generated		SHORT-STAY HOSPITAL EPISODE DAYS IN PAST 12 MONTHS EXCLUDING DELIVERY <u>1/</u>

1/ Based on Question 4 of hospital page, "For what condition did -- enter the hospital? - delivery," not operation code.

AL/HP-18

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
132-133	Generated		NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS
134-136	Generated		NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS
137-138	Generated		NUMBER OF SHORT-STAY HOSPITAL DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY <u>1/</u>
139-141	Generated		NUMBER OF DAYS IN SHORT-STAY HOSPITAL IN PAST 12 MONTHS FOR DISCHARGES IN PAST 6 MONTHS EXCLUDING DELIVERY
142-181	-	-	BLANK
182	Master Record		REGION
		4,960	1. Northeast
		5,897	2. North Central
		7,332	3. South
		4,229	4. West

1/ Based on Question 4 of hospital page, "For what condition did -- enter the hospital? - delivery," not operation code.

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes	
183-184	Master Record		TABULATION AREA	
		13,884	Blank. Non self-representing sections and self-representing SMSA's other than those recoded 34-64.	
			<u>Large Self-representing SMSA's</u>	
			<u>Recode</u>	<u>SMSA</u>
		269	34	Boston
		1,510	35	New York*
		456	36	Philadelphia
		247	37	Pittsburgh
		390	38	Detroit
		708	39	Chicago**
		147	40	Cincinnati
		709	41	Los Angeles-Long Beach
		351	42	San Francisco-Oakland
		243	43	Baltimore
		147	44	Atlanta
		126	45	Buffalo
		221	46	Cleveland
		214	47	Minneapolis-St. Paul
		138	48	Milwaukee
		124	49	Kansas City
		225	50	St. Louis
		254	51	Houston
		171	52	Dallas
		297	53	Washington, DC
		169	54	Seattle-Everett
		166	55	San Diego
		182	56	Anaheim-Santa Ana-Garden Grove
		154	57	Miami
		187	58	Denver
		144	59	San Bernardino-Riverside-Ontario
		108	60	Indianapolis
		117	61	San Jose
		99	62	New Orleans
		127	63	Tampa-St. Petersburg
		134	64	Portland, Oregon

*Northeastern New Jersey Consolidated Area

**Northwestern Indiana Consolidated Area

AL/HP-20

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
185	Master Record		TYPE OF PSU
		8,534	0. The 31 Large Self-representing SMSA's
		5,257	1. SMSA - Self-representing
		1,483	3. SMSA - Nonself-representing
		381	4. Non-SMSA - Self-representing
		6,763	6. Non-SMSA - Nonself-representing
186	Recode		SMSA - NON-SMSA RESIDENCE
		6,070	1. SMSA - Central City
		9,204	2. SMSA - Not Central City
		6,728	3. Non-SMSA - Nonfarm
		416	4. Non-SMSA - Farm
187-189			PSEUDO PSU CODES
190-200			BLANK
201-206			FINAL BASIC WEIGHT (in character format)
207-213			2 WEEK WEIGHT (Final Basic Weight x 26) (in character format)
214-215			BLANK
216-217	1		HOURS USUALLY SLEEP AT NIGHT
		22,336	00-24. 0-24 hours
		82	25. Unknown number of hours
218	2		HOW OFTEN EAT BREAKFAST
		12,051	1. Almost every day
		4,259	2. Sometimes
		6,028	3. Rarely or never
		54	4. Other
		26	5. Unknown

AL/HP-21

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
219	3		EAT BETWEEN MEALS
		8,290	1. Almost every day
		6,932	2. Sometimes
		7,147	3. Rarely or never
		38	4. Other
		11	5. Unknown
220	4		PHYSICALLY ACTIVE
		8,552	1. More active than person your age
		3,071	2. Less active than person your age
		10,667	3. About as active (same)
		59	4. Other
		69	5. Unknown
<u>221-224</u>			CIGARETTES SMOKED
221	5a		<u>Ever Smoked 100 Cigarettes; Smoking Status</u>
		11,950	1. Yes, smoker
		10,452	2. No, never a smoker
		16	3. Unknown if smoked 100 cigarettes
222	5b		<u>Current Smoking Status</u>
		7,057	1. Current smoker
		4,877	2. Former smoker
		16	3. Unknown current smoking status
		10,468	Blank. Not applicable (Chr. 221:2,3)
223-224	5c		<u>How Many a Day</u>
		8	00. Less than 1 a day
		11,302	01-96. 1-96 per day
		10	97. 97+ per day
		517	98. Never smoked regularly
		113	99. Unknown
		10,468	Blank. Not applicable (Chr. 221:2,3)

AL/HP-22

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> Locations	Item No.	Frequency	Items and Codes
<u>225-227</u>			LAST SMOKED CIGARETTES
225-226	6		<u>Number of Time Units</u>
		0	00. Never smoked regularly
		4,405	01-98. 1-98 days, weeks, months, years
		77	99. Unknown
		17,936	Blank. Not applicable
227	6		<u>Time Units</u>
		37	1. Days
		86	2. Weeks
		654	3. Months
		3,635	4. Years
		70	5. Unknown
		17,936	Blank. Not applicable
228-229	6 Recode		INTERVAL SINCE LAST REGULARLY SMOKED
		86	00. Less than 1 month
		114	01. 1-2 months
		143	02. 3-5 months
		190	03. 6-11 months
		2,502	11-24. 1-14 years
		494	25. 15-19 years
		375	26. 20-24 years
		174	27. 25-29 years
		226	28. 30-39 years
		101	29. 40+ years
		77	30. Unknown
		17,936	Blank. Not applicable
230	6 Recode		SMOKING STATUS - RECODE
		10,452	1. Never smoked
		6,941	2. Current regular smoker
		116	3. Current occasional smoker
		4,482	4. Former regular smoker
		395	5. Former occasional smoker
		16	6. Smokers, unknown current smoking status
		16	7. Unknown smoking status

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
231	7a		STOPPED SMOKING PAST 5 YEARS
		4,095	1. Yes, tried to stop
		2,842	2. No, did not try to stop
		14	3. DK or refused if tried to stop
		517	4. Never smoked regularly
		1,509	5. Quit in past 5 years
		2,896	6. Quit more than 5 years ago
		77	7. Quit, unknown when
		10,468	Blank. Not applicable (never smoked, unknown if smoked)
<u>232-238</u>			<u>METHOD USED TO QUIT PAST 5 YEARS</u>
232	7b(1)		<u>Formal Program</u>
		161	1. Yes
		5,350	2. No
		93	3. DK or refused
		16,814	Blank. Not applicable
233	7b(2)		<u>Health Professional</u>
		145	1. Yes
		5,361	2. No
		98	3. DK or refused
		16,814	Blank. Not applicable
234	7b(3)		<u>Special Filters/Holders</u>
		610	1. Yes
		4,893	2. No
		101	3. DK or refused
		16,814	Blank. Not applicable
235	7b(4)		<u>Lower Tar/Nicotine Cigarettes</u>
		1,836	1. Yes
		3,667	2. No
		101	3. DK or refused
		16,814	Blank. Not applicable

AL/HP-24

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
<u>232-238</u>			METHOD USED TO QUIT PAST 5 YEARS - continued
236	7b(5)		<u>Stopped Smoking with Friends/Relatives</u>
		1,080	1. Yes
		4,420	2. No
		104	3. DK or refused
		16,814	Blank. Not applicable
237	7b(6)		<u>Entirely On Own</u>
		5,252	1. Yes
		288	2. No
		64	3. DK or refused
		16,814	Blank. Not applicable
238	7b(7)		<u>Used Some Other Method</u>
		109	1. Yes, unspecified
		5,055	2. No
		45	3. Candy
		78	4. Gum
		57	5. Nicotine or tobacco substitute
		69	6. Chemical products/smoke inhibitors
		77	7. Hypnosis
		12	8. At request of some other person
		102	9. DK or refused
		16,814	Blank. Not applicable
239	8a		TWELVE DRINKS IN ENTIRE LIFE
		18,283	1. Yes
		4,084	2. No
		51	3. DK or refused
240	8b		AT LEAST TWELVE DRINKS IN ONE YEAR
		14,863	1. Yes
		3,411	2. No
		9	3. DK or refused
		4,135	Blank. Not applicable (239:2,3)

AL/HP-25

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
241-242	8c		MAIN REASON FOR NOT DRINKING
		1,336	00. No need/not necessary
		3,684	01. Don't care for/dislike it
		426	02. Medical/health reasons
		913	03. Religious/moral reasons
		326	04. Brought up not to drink
		63	05. Costs too much
		158	06. Family member an alcoholic or problem drinker
		164	07. Infrequent drinker
		399	08. Other
		26	09. DK, refused
		14,923	Blank. Not applicable (243:3-5)
243	8 Recode		DRINKING STATUS - RECODE
		4,084	1. Non-drinker - total abstainer
		3,411	2. Non-drinker - less than 12 drinks per year
		14,863	3. Drinker
		9	4. Has had some drinks, DK if 12 in year
		51	5. DK, refused if ever drank
244-245	9		AGE STARTED DRINKING
		14,715	01-97. 1-97 years
		0	98. 98+ years
		148	99. DK, refused
		7,555	Blank. Not applicable (non-drinker 243 #3)
246-247	9 Recode		YEARS SINCE STARTED DRINKING - RECODE
		45	00. Less than 1 year
		14,670	01-98. 1-98 years
		148	99. Unknown, DK, refused
		7,555	Blank. Non-drinker

AL/HP-26

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
248	10a Recode		LAST DRINK
		10,269	1. Had drink in past 2 weeks
		3,133	2. Had drink in over 2 weeks but within past year
		1,382	3. Had last drink 1 year or more ago
		79	4. Unknown, DK, refused when had last drink
		7,555	Blank. Non-drinker
<u>249-254</u>			RECODE - DATE OF LAST DRINK
249-250	10b-c Recode		<u>Month</u>
		1,152	01. January
		866	02. February
		919	03. March
		1,021	04. April
		1,061	05. May
		941	06. June
		1,120	07. July
		902	08. August
		964	09. September
		1,080	10. October
		976	11. November
		1,507	12. December
		2,354	99. DK or refused
		7,555	Blank. Non-drinker
251-252	10b-c Recode		<u>Day of Month</u>
		12,509	01-31. Day of month
		2,354	99. DK or refused
		7,555	Blank. Non-drinker
253-254	10b-c Recode		<u>Year</u>
		12,509	00-83. 1900-1983
		2,354	99. DK or refused
		7,555	Blank. Non-drinker
255			BLANK

AL/HP-27

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>256-264</u>			<u>DRANK BEER PAST TWO-WEEK PERIOD</u>
256-257	11a, 17a		<u>Number Days Drank Beer</u>
		5,983	00. None or never
		7,345	01-14. 1-14 days
		9	15. Drank beer, unknown number of days
		65	16. Unknown if refused drink beer
		9,016	Blank. Not applicable (never drank, no drink in past year)
258-259	11b, 17b		<u>Number Beers Per Day</u>
		53	00. Less than one
		7,257	01-97. 1-97 beers
		0	98. 98+ beers
		109	99. Unknown, DK, refused
		14,999	Blank. Not applicable (never drank, no drink or no beer in past year)
260-262	11c, 17c		<u>Total Number Beers in Two-Week Period</u>
		35	000. Less than one
		7,195	001-997. 1-997 beers
		0	998. 998+ beers
		189	999. Unknown, DK, refused
		14,999	Blank. Not applicable (never drank, no drink or no beer in past year)
263-264	11d, 17d		<u>Ounces in Typical Can/Bottle/Glass Beer</u>
		7,254	01-97. 1-97 ounces
		0	98. 98+ ounces
		165	99. DK or refused
		14,999	Blank. Not applicable

AL/HP-28

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> Locations	Item No.	Frequency	Items and Codes
<u>265-273</u>			DRANK WINE PAST TWO-WEEK PERIOD
265-266	12a, 18a		<u>Number Days Drank Wine</u>
		8,529	00. None or never
		4,791	01-14. 1-14 days
		1	15. Drank wine unknown number of days
		81	16. Unknown if refused drink wine
		9,016	Blank. Not applicable (never drank, no drink in past year)
267-268	12b, 18b		<u>Glasses of Wine Per Day</u>
		55	00. Less than one
		4,709	01-97. 1-97 glasses
		0	98. 98+ glasses
		109	99. Unknown, DK, refused
		17,545	Blank. Not applicable (never drank, no drink or no wine in past year)
269-271	12c, 18c		<u>Total Glasses of Wine in Two-Week Period</u>
		43	000. Less than one
		4,684	001-997. 1-997 glasses
		0	998. 998+ glasses
		146	999. Unknown, DK, refused
		17,545	Blank. Not applicable (never drank, no drink or no wine in past year)
272-273	12d, 18d		<u>Ounces in Typical Glass of Wine</u>
		4,667	01-97. 1-97 ounces
		0	98. 98+ ounces
		206	99. DK or refused
		17,545	Blank. Not applicable

AL/HP-29

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>274-282</u>			<u>DRANK LIQUOR PAST TWO-WEEK PERIOD</u>
274-275	13a, 19a		<u>Number of Days Drank Liquor</u>
		7,012	00. None or never
		6,299	01-14. 1-14 days
		4	15. Drank liquor, unknown number of days
		87	16. Unknown if refused drink liquor
		9,016	Blank. Not applicable (never drank, no drink in past year)
276-277	13b, 19b		<u>Number of Drinks Per Day</u>
		6	00. Less than one
		6,243	01-97. 1-97 drinks
		1	98. 98+ drinks
		140	99. Unknown, DK, refused
		16,028	Blank. Not applicable (never drank, no drink or no liquor in past year)
278-280	13c, 19c		<u>Total Number Drinks in Two-Week Period</u>
		5	000. Less than one
		6,179	001-997. 1-997 drinks
		0	998. 998+ drinks
		206	999. Unknown, DK or refused
		16,028	Blank. Not applicable (never drank, no drink or no liquor in past year)
281-282	13d, 19d		<u>Total Ounces Liquor in Typical Drink</u>
		6,075	01-97. 1-97 ounces
		0	98. 98+ ounces
		315	99. DK or refused
		16,028	Blank. Not applicable
283-284	14, 20		<u>TOTAL NUMBER DAYS DRANK</u>
		13,211	01-14. 01-14 days
		5	15. One beverage type, unknown number of days
		186	16. Unknown, DK or refused
		9,016	Blank. Not applicable

AL/HP-30

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> <u>Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<hr/>			
<u>285-288</u>			<u>TYPICAL DRINKING PREVIOUS TWELVE MONTHS</u>
285	16a,21a		<u>Typical</u>
		8,882	1. Yes
		4,411	2. No
		109	3. Unknown, DK, refused
		9,016	Blank. Not applicable (never drank, didn't drink in past year)
286	16b,21b		<u>More or Less</u>
		3,404	1. More
		998	2. Less
		9	3. Unknown, DK or refused
		18,007	Blank. Not applicable (never drank, typical drinker)
287-288	16c,21c		<u>Number of Years Typical</u>
		109	00. Less than one
		8,511	01-97. 1-97 years
		0	98. 98+ years
		371	99. Unknown, DK or refused
		13,427	Blank. Not applicable (never drank, not a typical drinker)
<hr/>			
289	11-13, 16-19, 21 Recode		<u>DRANK WITHIN PAST 2 WEEKS</u>
		4,096	1. Drank beer only
		2,075	2. Drank wine only
		2,773	3. Drank liquor only
		808	4. Drank wine and beer
		1,621	5. Drank beer and liquor
		1,080	6. Drank wine and liquor
		829	7. Drank beer, wine and liquor
		120	8. Unknown
		9,016	Blank. Not "2-week" drinker
<hr/>			

AL/HP-31

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>290-298</u>			<u>LARGEST NUMBER OF DRINKS</u>
290	15a		<u>More Drinks</u>
		2,615	1. Yes
		4,913	2. No
		256	3. Unknown, DK, refused
		14,634	Blank. Not applicable, (never drank, only drank 1 day)
291-292	15b		<u>Number of Days</u>
		2,546	01-14. 1-14 days
		69	15. Unknown, DK, refused
		19,803	Blank. Not applicable
293-294	15c		<u>Largest Number Drinks on Any One Day</u>
		1,599	01-97. 1-97 drinks
		0	98. 98+ drinks
		72	99. Unknown, DK or refused
		20,747	Blank. Not applicable
295-296	15d		<u>Number of Days</u>
		1,578	01-14. 1-14 days
		93	15. Unknown, DK, refused
		20,747	Blank. Not applicable
297-298	15e		<u>Total Number of Drinks In One Day</u>
		537	01-97. 1-97 drinks
		0	98. 98+ drinks
		407	99. Unknown, DK or refused
		21,474	Blank. Not applicable

AL/HP-32

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
299-300	22a		MAIN REASON FOR NOT DRINKING IN PAST 2 WEEKS
		865	00. No need/not necessary
		633	01. Don't care for/dislike
		319	02. Medical/health reasons
		57	03. Religious/moral reasons
		24	04. Alcoholic/problem drinker-self
		54	05. Costs too much
		21	06. Family member an alcoholic or problem drinker
		50	07. Quit drinking
		592	08. Infrequent drinker
		386	09. Other
		132	10. DK or refused
		19,285	Blank. Not applicable
301	22b		COMPLETELY STOPPED DRINKING
		540	1. Yes
		1,746	2. No
		205	3. Unknown, DK or refused
		19,927	Blank. Not applicable (never drank, quit or infrequent drinker, no drinks in past year)
302-303	23a		PAST YEAR-NUMBER OF MONTHS HAD ONE DRINK
		12,538	01-12. 1-12 months
		274	13. Unknown, DK or refused
		9,606	Blank. Not applicable, (never drank, quit drinking, no drinks in past year)
304-305	23b		YEAR BEFORE-NUMBER OF MONTHS HAD ONE DRINK (for persons who quit drinking in past year)
		46	00. None
		517	01-12. 12 months
		27	13. Unknown, DK or refused
		21,828	Blank. Not applicable (never drank, no drinks in past year)

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> Locations	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
306-308	24a		NUMBER OF DAYS 9+ DRINKS
		10,904	000. None
		2,091	001-365. 1-365 days
		361	366. Unknown, DK or refused
		9,062	Blank. Not applicable (never drank, no drinks in past year)
309-311	24b		NUMBER OF DAYS 5+ DRINKS
		8,020	000. None
		4,711	001-365. 1-365 days
		625	366. Unknown, DK, refused
		9,062	Blank. Not applicable (never drank, no drinks in past year)
<u>312-327</u>			TYPE OF DRINKER DURING LIFETIME
312	25a		<u>Heavy Drinker</u>
		2,020	1. Yes
		11,258	2. No
		124	3. Unknown, DK or refused
		9,016	Blank. Not applicable (never drank, no drinks in past year)
313-314	25b		<u>Number of Years-Heavy Drinker</u>
		394	00. Less than one
		1,605	01-97. 1-97 years
		0	98. 98+ years
		145	99. Unknown, DK or refused
		20,274	Blank. Not applicable
315-317	25c		<u>Number of Drinks-Typical Week (Heavy)</u>
		1	000. Less than one
		1,759	001-997. 1-997 drinks
		0	998. 998+ drinks
		384	999. Unknown, DK or refused
		20,274	Blank. Not applicable

} 312:1,3

} 312:1,3

AL/HP-34

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>312-327</u>			<u>TYPE OF DRINKER DURING LIFETIME - continued</u>
318	25d		<u>Moderate Drinker</u>
		5,026	1. Yes
		8,227	2. No
		149	3. Unknown, DK or refused
		9,016	Blank. Not applicable (never drank, no drinks in past year)
319-320	25e		<u>Number of Years-Moderate Drinker</u>
		195	00. Less than one year
		4,731	01-97. 1-97 years
		0	98. 98+ years
		249	99. Unknown, DK or refused
		17,243	Blank. Not applicable
321-322	25f		<u>Number of Drinks-Typical Week (Moderate)</u>
		93	00. Less than one
		4,570	01-97. 97 drinks
		11	98. 98+ drinks
		501	99. Unknown, DK or refused
		17,243	Blank. Not applicable
323	25g		<u>Light Drinker</u>
		8,978	1. Yes
		4,259	2. No
		165	3. Unknown, DK or refused
		9,016	Blank. Not applicable (never drank, no drinks in past year)
324-325	25h		<u>Number of Years-Light Drinker</u>
		200	00. Less than one
		8,577	01-97. 1-97 years
		0	98. 98+ years
		366	99. Unknown, DK or refused
		13,275	Blank. Not applicable

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>312-327</u>			<u>TYPE OF DRINKER DURING LIFETIME - continued</u>
326-327	25i		<u>Number of Drinks-Typical Week (Light)</u>
		2,442	00. Less than one
		6,251	01-97. 1-97 drinks
		1	98. 98+ drinks
		449	99. Unknown, DK or refused
		13,275	Blank. Not applicable
<u>328-333</u>			<u>TYPE OF DRINKER YOU CONSIDER YOURSELF</u>
328	25j		<u>Ever Light, Occasional, or Infrequent Drinker</u> <u>(Not heavy, moderate or light drinker)</u>
		2,256	1. Yes
		233	2. No
		209	3. Unknown, DK or refused
		19,720	Blank. Not applicable (never drank, no drinks in past year, heavy, moderate or light drinker)
329-330	25k		<u>Number of Years Very Light Drinker</u>
		41	00. Less than one
		2,119	01-97. 1-97 years
		0	98. 98+ years
		305	99. Unknown, DK or refused
		19,953	Blank. Not applicable
331-332	25L		<u>Number of Drinks in a Week</u>
		1,575	00. Less than one
		638	01-97. 1-97 drinks
		0	98. 98+ drinks
		252	99. Unknown, DK or refused
		19,953	Blank. Not applicable

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> Locations	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>328-333</u>			TYPE OF DRINKER YOU CONSIDER YOURSELF - continued
333	25m,25n		<u>Type of Drinker-Now</u>
		5,475	1. Light
		2,599	2. Moderate
		147	3. Heavy
		618	4. Abstainer
		4,314	5. Very light, occasional, infrequent
		98	6. Other
		151	7. Unknown, DK or refused
		9,016	Blank. Not applicable (never drinker, no drinks in past year)
<u>334-339</u>			ALCOHOLIC BEVERAGES
334-335	26a		<u>Days Drink Alcoholic Beverages</u>
		387	00. None
		902	01-07. 1-7 days
		17	08. Drank alcoholic beverages, unknown number of days
		76	09. Unknown, DK or refused
		21,036	Blank. Not applicable (never drank, drank in past year)
336-337	26b		<u>Number of Drinks a Day</u>
		847	01-97. 1-97 drinks
		2	98. 98+ drinks
		70	99. DK or refused
		21,499	Blank. Not applicable (never drank, drank in past year, typically did not drink)
338-339	26c		<u>Number of Years Typical Drinking</u>
		34	00. Less than one year
		793	01-97. 1-97 years
		50	98. Not typical
		42	99. Unknown, DK or refused
		21,499	Blank. Not applicable

AL/HP-37

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
340-341	27		NUMBER OF MONTHS HAD ONE DRINK
		93	00. None
		1,137	01-12. 1-12 months
		152	13. Unknown, DK or refused
		21,036	Blank. Not applicable (never drank, drank in past year)
<u>342-347</u>			NUMBER OF DAYS HAD DRINKS
342-344	28a		<u>Number of Days Had 9+ Drinks</u>
		898	000. None
		261	001-365. 1-365 days
		130	366. Unknown, DK or refused
		21,129	Blank. Not applicable (never drinker, drank in past year, typically don't drink)
345-347	28b		<u>Number of Days 5+ Drinks</u>
		753	000. None
		376	001-365. 1-365 days
		160	366. Unknown, DK or refused
		21,129	Blank. Not applicable (never drinker, drank in past year, typically don't drink)
<u>348-363</u>			DRINKING DURING YOUR LIFETIME
348	29a		<u>Heavy Drinker</u>
		332	1. Yes
		1,020	2. No
		30	3. Unknown, DK or refused
		21,036	Blank. Not applicable (never drank)
349-350	29b		<u>Number of Years (Heavy)</u>
		20	00. Less than one
		302	01-97. 1-97 years
		0	98. 98+ years
		40	99. Unknown, DK or refused
		22,056	Blank. Not applicable

} 348:1-3

AL/HP-38

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>348-363</u>			<u>DRINKING DURING YOUR LIFETIME - continued</u>
351-353	29c		<u>Number of Drinks in Week (Heavy)</u>
		1	000. Less than one
		245	001-997. 1-997 drinks
		0	998. 998+ drinks
		116	999. Unknown, DK or refused
		22,056	Blank. Not applicable
			} 348:1,3
354	29d		<u>Moderate Drinker</u>
		436	1. Yes
		913	2. No
		33	3. Unknown, DK or refused
		21,036	Blank. Not applicable (never drank)
355-356	29e		<u>Number of Years (Moderate)</u>
		16	00. Less than one
		401	01-97. 1-97 years
		0	98. 98+ years
		52	99. Unknown, DK or refused
		21,949	Blank. Not applicable
			} 354:1,3
357-358	29f		<u>Number of Drinks in Week (Moderate)</u>
		16	00. Less than one
		351	01-97. 1-97 drinks
		2	98. 98+ drinks
		100	99. Unknown, DK or refused
		21,949	Blank. Not applicable
			} 354:1,3
359	29g		<u>Light Drinker</u>
		676	1. Yes
		669	2. No
		37	3. Unknown, DK or refused
		21,036	Blank. Not applicable (never drank, no drinks in past year)

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> Locations	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>348-363</u>			<u>DRINKING DURING YOUR LIFETIME - continued</u>
360-361	29h		<u>Number of Years (Light)</u>
		27	00. Less than one
		612	01-97. 1-97 years
		0	98. 98+ years
		74	99. Unknown, DK or refused
		21,705	Blank. Not applicable
			} 359:1,3
362-363	29i		<u>Number of Drinks in Week (Light)</u>
		168	00. Less than one
		454	01-97. 1-97 drinks
		0	98. 98+ drinks
		91	99. Unknown, DK or refused
		21,705	Blank. Not applicable
			} 359:1,3
<u>364-368</u>			<u>TYPE OF DRINKER</u>
364	29j		<u>Light, Occasional, Infrequent Drinker</u> <u>(Not heavy, moderate or light drinker)</u>
		310	1. Yes
		56	2. No
		19	3. Unknown, DK or refused
		22,033	Blank. Not applicable (never drank, drank in past year, heavy, moderate or light drinker)
365-366	29k		<u>Number of Years</u>
		9	00. Less than one
		281	01-97. 1-97 years
		0	98. 98+ years
		39	99. Unknown, DK or refused
		22,089	Blank. Not applicable
			} 364:1,3
367-368	29L		<u>Number of Drinks in a Week</u>
		208	00. Less than one
		88	01-97. 1-97 drinks
		0	98. 98+ drinks
		33	99. Unknown, DK or refused
		22,089	Blank. Not applicable
			} 364:1,3

AL/HP-40

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
369-370	30a		MAIN REASON NOT DRINKING
		204	00. No need/not necessary
		247	01. Don't care for/dislike it
		279	02. Medical/health reasons
		246	03. Religious/moral reasons
		85	04. Alcoholic/problem drinker-self
		29	05. Costs too much
		18	06. Family member an alcoholic or problem drinker
		102	07. Quit drinking
		21	08. Infrequent drinker
		128	09. Other
		23	10. DK or refused
		21,036	Blank. Not applicable
371	30b		STOPPED DRINKING
		1,052	1. Yes
		139	2. No
		68	3. Unknown, DK or refused
		21,159	Blank. Not applicable (never drank, quit or infrequent drinker, not 12 month drinker)
<u>372-373</u>			FAMILY OR MARITAL PROBLEMS ASSOCIATED WITH DRINKING
372	31a		<u>Family or Marital Problem</u>
		725	1. Yes
		13,907	2. No
		231	3. DK or refused
		7,555	Blank. Not applicable (never drank)
373	31d		<u>Problem Occur in Past 12 Months</u>
		157	1. Yes
		453	2. No
		346	3. DK or refused
		21,462	Blank. Not applicable (never drank, no family/marital problems)

AL/HP-41

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
374	31 Recode		FAMILY/MARITAL PROBLEM DRINKER - RECODE
		157	1. Yes, problem in past year
		453	2. Yes, problem but not in past year
		115	3. Yes, problem, DK, refused if in past year
		13,907	4. No marital, family problems related to drinking
		231	5. DK, refused if marital/family problems related to drinking
		7,495	6. Non-drinker
		60	7. DK, unknown, refused if drinker
375-376			JOB OR WORK PROBLEM RELATED TO DRINKING
375	32a		<u>Job or Work</u>
		184	1. Yes
		14,448	2. No
		231	3. DK or refused
		7,555	Blank. Not applicable (never drank)
376	32d		<u>Problem Occur in 12 Months</u>
		29	1. Yes
		116	2. No
		270	3. DK or refused
		22,003	Blank. Not applicable (never drank, no job or work problem)
377	32 Recode		JOB/WORK PROBLEM DRINKER - RECODE
		29	1. Yes, problem in past year
		116	2. Yes, problem but not in past year
		39	3. Yes, problem, DK, refused if in past year
		14,448	4. No job/work problem related to drinking
		231	5. DK, refused if job/work problems related to drinking
		7,495	6. Non-drinkers
		60	7. Unknown, DK, refused if drinker

AL/HP-42

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
<u>378-379</u>			INJURY RELATED TO DRINKING
378	33a		<u>Had Injury</u>
		438	1. Yes
		14,193	2. No
		232	3. DK or refused
		7,555	Blank. Not applicable (never drank)
379	33d		<u>Injury Occur 12 Months</u>
		69	1. Yes
		324	2. No
		277	3. DK or refused
		21,748	Blank. Not applicable (never drank, no injuries)
380	33 Recode		INJURY PROBLEM DRINKER - RECODE
		69	1. Yes, injury in past year
		324	2. Yes, injury but not in past year
		45	3. Yes, injury, DK, refused if in past year
		14,193	4. No injuries related to drinking
		232	5. DK, refused if injuries related to drinking
		7,495	6. Non-drinker
		60	7. DK, refused if drinker
<u>381-382</u>			HEALTH PROBLEMS RELATED TO DRINKING
381	34a		<u>Had Health Problems</u>
		393	1. Yes
		14,216	2. No
		254	3. DK or refused
		7,555	Blank. Not applicable (never drank)
382	34d		<u>Health Problem in 12 Months</u>
		118	1. Yes
		215	2. No
		314	3. DK or refused
		21,771	Blank. Not applicable (never drank, no health problem)

AL/HP-43

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> <u>Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
383	34 Recode		HEALTH PROBLEM DRINKER - RECODE
		118	1. Yes, problem in past year
		215	2. Yes, problem but not in past year
		60	3. Yes, problem, DK, refused if in past year
		14,216	4. No health problems related to drinking
		254	5. DK, refused if health problems related to drinking
		7,495	6. Non-drinker
		60	7. DK, refused if drinker
<u>384-386</u>			<u>MV ACCIDENT RELATED TO DRINKING EVER</u>
384	35a		<u>Had MV Accident or Violation</u>
		864	1. Yes
		13,738	2. No
		261	3. DK or refused
		7,555	Blank. Not applicable (never drank)
385	35b		<u>Which</u>
		304	1. Accident
		408	2. Violation
		152	3. Both
		261	4. DK or refused
		21,293	Blank. Not applicable
386	35c		<u>MV/Violation in 12 Months</u>
		113	1. Yes
		656	2. No
		356	3. DK or refused
		21,293	Blank. Not applicable

AL/HP-44

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>387-411</u>			<u>CONDITIONS EVER HAD</u>
387	36a		<u>Hypertension or HBP</u>
		5,476	1. Yes
		16,714	2. No
		228	3. DK or refused
388	36b		<u>Hardening of Arteries</u>
		822	1. Yes
		21,338	2. No
		258	3. DK or refused
389	36c		<u>Tachycardia, Arrhythmia, or Rapid Heart</u>
		1,663	1. Yes
		20,494	2. No
		261	3. DK or refused
390	36d		<u>Arthritis or Rheumatism</u>
		5,228	1. Yes
		16,940	2. No
		250	3. DK or refused
391	36e		<u>Convulsions or Seizures</u>
		420	1. Yes
		21,766	2. No
		232	3. DK or refused
392	36f		<u>Blackouts</u>
		1,475	1. Yes
		20,714	2. No
		229	3. DK or refused
393	36g		<u>Shortness of Breath</u>
		3,686	1. Yes
		18,506	2. No
		226	3. DK or refused

AL/HP-45

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>387-411</u>			<u>CONDITIONS EVER HAD - continued</u>
394	36h		<u>Insomnia or Sleeplessness</u>
		4,281	1. Yes
		17,909	2. No
		228	3. DK or refused
395	36i		<u>Hepatitis</u>
		567	1. Yes
		21,607	2. No
		244	3. DK or refused
396	36j		<u>Any Diseases of Pancreas</u>
		275	1. Yes
		21,899	2. No
		244	3. DK or refused
397	36k		<u>An Ulcer (Other than Skin Ulcer)</u>
		1,849	1. Yes
		20,317	2. No
		252	3. DK or refused
398	36L		<u>Any Gastrointestinal Bleeding</u>
		696	1. Yes
		21,482	2. No
		240	3. DK or refused
399	36m		<u>Diabetes</u>
		957	1. Yes
		21,215	2. No
		246	3. DK or refused
400	36n		<u>Heart Attack/Heart Failure</u>
		828	1. Yes
		21,349	2. No
		241	3. DK or refused

AL/HP-46

NHIS PUBLIC USE TAPE RECORDS

<u>Tape</u> Locations	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>387-411</u>			<u>CONDITIONS EVER HAD - continued</u>
401	36o		<u>Coronary Heart Disease</u>
		491	1. Yes
		21,647	2. No
		280	3. DK or refused
402	36p		<u>Stroke or Hemorrhage of Brain</u>
		281	1. Yes
		21,902	2. No
		235	3. DK or refused
403	36q		<u>Angina Pectoris</u>
		501	1. Yes
		21,673	2. No
		244	3. DK or refused
404	36r		<u>Cancer</u>
		772	1. Yes
		21,408	2. No
		238	3. DK or refused
405	36s		<u>Yellow Jaundice</u>
		655	1. Yes
		21,520	2. No
		243	3. DK or refused
406	36t		<u>Fatty Liver</u>
		34	1. Yes
		22,132	2. No
		252	3. DK or refused
407	36u		<u>Enlarged Liver</u>
		193	1. Yes
		21,972	2. No
		253	3. DK or refused

AL/HP-47

NHIS PUBLIC USE TAPE RECORDS

<u>Tape Locations</u>	<u>Item No.</u>	<u>Frequency</u>	<u>Items and Codes</u>
<u>387-411</u>			<u>CONDITIONS EVER HAD - continued</u>
408	36v		<u>Cirrhosis of Liver</u>
		45	1. Yes
		22,119	2. No
		254	3. DK or refused
409	36w		<u>Any Other Liver Trouble</u>
		148	1. Yes
		22,011	2. No
		259	3. DK or refused
410	36x		<u>DT's or Delirium Tremens</u>
		81	1. Yes
		22,064	2. No
		273	3. DK or refused
411	36y		<u>Alcoholism</u>
		320	1. Yes
		21,794	2. No
		304	3. DK or refused
<u>412-417</u>			<u>WHO WAS PRESENT DURING INTERVIEW</u>
412	9		<u>Telephone interview</u>
		3,443	1. Yes
		18,975	2. Not reported
413	9		<u>No one else present</u>
		9,150	1. Yes
		13,268	2. Not reported
414	9		<u>Husband/Wife</u>
		5,542	1. Yes
		16,876	2. Not reported

NHIS PUBLIC USE TAPE RECORDS

Tape Locations	Item No.	Frequency	Items and Codes
<hr/>			
<u>412-417</u>			WHO WAS PRESENT DURING INTERVIEW ¹ - continued
415	9		<u>Child/Children under 18 years old</u>
		2,561	1. Yes
		19,857	2. Not reported
416	9		<u>Parent(s)</u>
		934	1. Yes
		21,484	2. Not reported
417	9		<u>Other adult(s)</u>
		2,508	1. Yes
		19,910	2. Not reported
<hr/>			
418	Recode		CONSTRUCTED DRINKING LEVEL ¹ /
		8,877	1. Abstainer
		6,433	2. Lighter drinker
		4,460	3. Moderate drinker
		2,023	4. Heavier drinker
		625	Blank. Unknown
<hr/>			
419-422	Generated		AVERAGE DAILY CONSUMPTION OF ETHANOL ² /
		3	0000. Less than .01 ounces but greater than .00
		12,913	0001-5415. .01-.54.15 ounces
		9,502	Blank. Not applicable

¹/Drinking Type Recode follows the National Institute on Alcohol Abuse and Alcoholism (NIAAA) guideline, i.e.: a) person with average daily consumption of ethanol in range .01-.21 ounces is classified as lighter drinker. (In our file three cases where average daily consumption in ethanol is greater than .00 but less than .01 ounces are also classified as lighter drinkers); b) person with average daily consumption of ethanol in range .22-.99 ounces is classified as moderate drinker; c) person with average daily consumption of ethanol that is 1.00 ounces or more is classified as heavier drinker.

²/Conversion to ethanol (in ounces) is based on the conversion factors of .04 for beer, .15 for wine, and .45 for liquor.

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

FORM **HIS-1 (SB) (1983)**
(9-3-82)

U. S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U. S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH INTERVIEW SURVEY
SUPPLEMENT BOOKLET**

1. Book ____ of
____ books

RT 60

2. R.O. number

3-4

3. Sample

5-7

4. Control number

PSU 8-10

Segment 11-14

Serial 15-16

5. Interviewer's name

Code

17-18

6. Status of supplements

1 ☐ Complete interview (all appropriate pages completed)

2 ☐ Partial interview (some but not all appropriate pages completed)

3 ☐ Noninterview

Explain in footnotes

FOOTNOTES

7. Use Flashcard X, Y, or Z as indicated on HIS-1 Household Composition Page.

Circle that letter below. Also, circle the total number of persons.

20

21-22

CARD X

If the number of persons is —	the following person(s) will be the sample person(s):
1	—
2	1
3	3
4	2
5	1 and 4
6	3 and 6
7	2 and 5
8	1, 4, and 7
9	3, 6, and 9
10	2, 5, and 8
11	1, 4, 7, and 10
12	3, 6, 9, and 12
13	2, 5, 8, and 11
14	1, 4, 7, 10, and 13
15	3, 6, 9, 12, and 15

CARD Y

If the number of persons is —	the following person(s) will be the sample person(s):
1	—
2	2
3	1
4	3
5	2 and 5
6	1 and 4
7	3 and 6
8	2, 5, and 8
9	1, 4, and 7
10	3, 6, and 9
11	2, 5, 8, and 11
12	1, 4, 7, and 10
13	3, 6, 9, and 12
14	2, 5, 8, 11, and 14
15	1, 4, 7, 10, and 13

CARD Z

If the number of persons is —	the following person(s) will be the sample person(s):
1	1
2	—
3	2
4	1 and 4
5	3
6	2 and 5
7	1, 4, and 7
8	3 and 6
9	2, 5, and 8
10	1, 4, 7, and 10
11	3, 6, and 9
12	2, 5, 8, and 11
13	1, 4, 7, 10, and 13
14	3, 6, 9, and 12
15	2, 5, 8, 11, and 14

If more than 15 persons, call your regional office for sample person selection instructions.

M. DOCTOR SERVICE PAGE		DR VISIT 1	
Refer to "2-Week Doctor Visits Page," and complete for each visit, or mark box. <div style="float: right;"> <input type="checkbox"/> No 2-week doctor visits for family (M2) </div>		<div style="float: right;">RT 61</div> <div style="clear: both;"></div>	
M1	Refer to question 2 on 2-Week Doctor Visits Page and mark appropriate box.	M1	1 <input type="checkbox"/> Telephone call 2 <input type="checkbox"/> Home visit 3 <input type="checkbox"/> Other (1) <div style="float: right;">(Next DR visit)</div>
Hand calendar. Refer to questions 1 and 2 on "2-Week Doctor Visits Page" for date and type of health care facility.		Person number _____	
1a. Earlier you told me that during the two weeks outlined in red on that calendar, — — received health care (on (date)/last week/the week before last). In what city, county, and State is the (place in 2) located?		1a. City	
b. How long did it take for — — to get to this (place) this time?		County	
Hand Card M.		State	
c. Which letters explain why — — went to this (place) this time? Mark all that apply.		1b. _____ Minutes	
d. Any other reason?		1c. <input type="checkbox"/> A. Place used for nearly all medical care	
		<input type="checkbox"/> B. Especially good for treating this condition	
		<input type="checkbox"/> C. Convenient to home	
		<input type="checkbox"/> D. Convenient to work/shopping	
		<input type="checkbox"/> E. Referred by a doctor	
		<input type="checkbox"/> F. Referred by friend/relative	
		<input type="checkbox"/> G. Only place available	
		<input type="checkbox"/> H. Health insurance plan requires	
		<input type="checkbox"/> I. Emergency	
		<input type="checkbox"/> J. Other (Specify) _____	
		<input type="checkbox"/> Yes (Reask 1c and d) <input type="checkbox"/> No	
FOOTNOTES		30 NCN	

RT 61			RT 61			RT 61		
DR VISIT 2			DR VISIT 3			DR VISIT 4		
Person number _____		3-4 5-6	Person number _____		3-4 5-6	Person number _____		3-4 5-6
M 1	<input type="checkbox"/> Telephone call <input type="checkbox"/> Home visit <input type="checkbox"/> Other (1)	7 (Next DR visit)	M 1	<input type="checkbox"/> Telephone call <input type="checkbox"/> Home visit <input type="checkbox"/> Other (1)	7 (Next DR visit)	M 1	<input type="checkbox"/> Telephone call <input type="checkbox"/> Home visit <input type="checkbox"/> Other (1)	7 (Next DR visit)
1a.	City	8-11	1a.	City	8-11	1a.	City	8-11
	County	12-14		County	12-14		County	12-14
	State	15-16		State	15-16		State	15-16
		17-19			17-19			17-19
b.	_____ Minutes		b.	_____ Minutes		b.	_____ Minutes	
c.	<input type="checkbox"/> A. Place used for nearly all medical care <input type="checkbox"/> B. Especially good for treating this condition <input type="checkbox"/> C. Convenient to home <input type="checkbox"/> D. Convenient to work/shopping <input type="checkbox"/> E. Referred by a doctor <input type="checkbox"/> F. Referred by friend/relative <input type="checkbox"/> G. Only place available <input type="checkbox"/> H. Health insurance plan requires <input type="checkbox"/> I. Emergency <input type="checkbox"/> J. Other (Specify) _____	20 21 22 23 24 25 26 27 28 29	c.	<input type="checkbox"/> A. Place used for nearly all medical care <input type="checkbox"/> B. Especially good for treating this condition <input type="checkbox"/> C. Convenient to home <input type="checkbox"/> D. Convenient to work/shopping <input type="checkbox"/> E. Referred by a doctor <input type="checkbox"/> F. Referred by friend/relative <input type="checkbox"/> G. Only place available <input type="checkbox"/> H. Health insurance plan requires <input type="checkbox"/> I. Emergency <input type="checkbox"/> J. Other (Specify) _____	20 21 22 23 24 25 26 27 28 29	c.	<input type="checkbox"/> A. Place used for nearly all medical care <input type="checkbox"/> B. Especially good for treating this condition <input type="checkbox"/> C. Convenient to home <input type="checkbox"/> D. Convenient to work/shopping <input type="checkbox"/> E. Referred by a doctor <input type="checkbox"/> F. Referred by friend/relative <input type="checkbox"/> G. Only place available <input type="checkbox"/> H. Health insurance plan requires <input type="checkbox"/> I. Emergency <input type="checkbox"/> J. Other (Specify) _____	20 21 22 23 24 25 26 27 28 29
		30 NCN			30 NCN			30 NCN
d.	<input type="checkbox"/> Yes (Reask 1c and d) <input type="checkbox"/> No		d.	<input type="checkbox"/> Yes (Reask 1c and d) <input type="checkbox"/> No		d.	<input type="checkbox"/> Yes (Reask 1c and d) <input type="checkbox"/> No	

FOOTNOTES

M. DOCTOR SERVICE PAGE; Continued		PERSON 1		RT 62
				3-4
M2	Refer to "BD" box above person's column.	M2	1 <input type="checkbox"/> BD box marked (2) 8 <input type="checkbox"/> Other (NP)	5
Hand calendar. 2. Earlier you told me that during the 2 weeks outlined in red on that calendar, -- stayed in bed more than half a day because of illness or injury. Did a doctor advise -- to stay in bed during that time?		2.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	6
FOOTNOTES				

		RT 62			RT 62			RT 62
PERSON 2		3-4	PERSON 3		3-4	PERSON 4		3-4
M2	1 <input type="checkbox"/> BD box marked (2) 2 <input type="checkbox"/> Other (NP)	5	1 <input type="checkbox"/> BD box marked (2) 2 <input type="checkbox"/> Other (NP)	5	M2	1 <input type="checkbox"/> BD box marked (2) 2 <input type="checkbox"/> Other (NP)	5	1 <input type="checkbox"/> BD box marked (2) 2 <input type="checkbox"/> Other (NP)
2.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	5	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	5	2.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	5	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK

FOOTNOTES

N. DENTAL CARE-PAGE		PERSON 1																																																																																																	
<i>Hand calendar. These next questions are about dental care received during the 2 weeks outlined in red on that calendar.</i>		<div style="border: 1px solid black; display: inline-block; padding: 2px;">NY 63</div> <div style="border: 1px solid black; display: inline-block; padding: 2px;">3-4</div>																																																																																																	
1a. DURING THOSE 2 WEEKS, did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.	<div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No (3) </div>																																																																																																		
b. Who was this? Mark "Dental visit" box in person's column.	<div style="text-align: right;"> <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No </div>	1b.	<input type="checkbox"/> Dental visit <div style="border: 1px solid black; width: 20px; text-align: center;">5</div>																																																																																																
c. During those 2 weeks, did anyone else in the family go to a dentist?	<div style="text-align: right;"> <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No </div>																																																																																																		
d. Ask for each person with "Dental visit" in 1b: During those 2 weeks, how many times did -- go to a dentist?	<div style="text-align: right;"> <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No </div>	d.	<div style="border: 1px solid black; width: 40px; height: 15px; display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black;"></div> <div style="flex: 1; border-bottom: 1px solid black;"></div> </div> Number <div style="border: 1px solid black; width: 20px; text-align: center;">6-7</div>																																																																																																
N1	Refer to "Dental visit" in 1b.	N1	<input type="checkbox"/> "Dental visit" marked in 1b (N2) <div style="border: 1px solid black; width: 20px; text-align: center;">8</div> <input type="checkbox"/> Other (NP)																																																																																																
N2	Refer to age.	N2	<input type="checkbox"/> Under 17 (2) <div style="border: 1px solid black; width: 20px; text-align: center;">9</div> <input type="checkbox"/> 17 and over, available (2) <input type="checkbox"/> 17 and over, callback required (NP)																																																																																																
Complete a separate column for each 2-week dental visit. 2a. (Earlier I was told -- went to the dentist during the 2 week period beginning Monday, (date) and ending Sunday, (date).) (Now I am going to read a list of dental services.) When -- went to the dentist [(the last time/the time before that)], did -- have:		2a. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width: 5%;">1</th> <th style="width: 5%;">2</th> <th style="width: 5%;">3</th> <th></th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td>A.</td><td></td><td></td><td></td><td>X-ray</td><td style="border: 1px solid black; text-align: center;">10</td></tr> <tr><td>B.</td><td></td><td></td><td></td><td>Filled</td><td style="border: 1px solid black; text-align: center;">11-12</td></tr> <tr><td>C.</td><td></td><td></td><td></td><td>Pulled</td><td style="border: 1px solid black; text-align: center;">13</td></tr> <tr><td>D.</td><td></td><td></td><td></td><td>Oral surgery</td><td style="border: 1px solid black; text-align: center;">14</td></tr> <tr><td>E.</td><td></td><td></td><td></td><td>Fluoride</td><td style="border: 1px solid black; text-align: center;">15</td></tr> <tr><td>F.</td><td></td><td></td><td></td><td>Cleaned</td><td style="border: 1px solid black; text-align: center;">16</td></tr> <tr><td>G.</td><td></td><td></td><td></td><td>Straightened</td><td style="border: 1px solid black; text-align: center;">17-18</td></tr> <tr><td>H.</td><td></td><td></td><td></td><td>Gums</td><td style="border: 1px solid black; text-align: center;">19-20</td></tr> <tr><td>I.</td><td></td><td></td><td></td><td>Complete denture</td><td style="border: 1px solid black; text-align: center;">21-22</td></tr> <tr><td>J.</td><td></td><td></td><td></td><td>Partial denture</td><td style="border: 1px solid black; text-align: center;">23-24</td></tr> <tr><td>K.</td><td></td><td></td><td></td><td>Bridge</td><td style="border: 1px solid black; text-align: center;">25-26</td></tr> <tr><td>L.</td><td></td><td></td><td></td><td>Crown or cap</td><td style="border: 1px solid black; text-align: center;">27</td></tr> <tr><td>M.</td><td></td><td></td><td></td><td>Root canal</td><td style="border: 1px solid black; text-align: center;">28-29</td></tr> <tr><td>N.</td><td></td><td></td><td></td><td>Examination</td><td style="border: 1px solid black; text-align: center;">30</td></tr> <tr><td>O.</td><td></td><td></td><td></td><td>(Specify, THEN reask O)</td><td style="border: 1px solid black; text-align: center;">31</td></tr> </tbody> </table>			1	2	3			A.				X-ray	10	B.				Filled	11-12	C.				Pulled	13	D.				Oral surgery	14	E.				Fluoride	15	F.				Cleaned	16	G.				Straightened	17-18	H.				Gums	19-20	I.				Complete denture	21-22	J.				Partial denture	23-24	K.				Bridge	25-26	L.				Crown or cap	27	M.				Root canal	28-29	N.				Examination	30	O.				(Specify, THEN reask O)	31
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Ask only if "Dental specialist" in 2b: c. What kind of dental specialist did -- see?		c. Visit 1 _____ Visit 2 _____ Visit 3 _____																																																																																																	
d. How long did it take for -- to get to this dentist this time?		d. Visit 1 _____ Minutes <div style="border: 1px solid black; width: 20px; text-align: center;">46-75</div> Visit 2 _____ Minutes Visit 3 _____ Minutes																																																																																																	
N3	Review 1d for additional visits for this person. If additional visits, reask 2a-d for each visit.	N3	<input type="checkbox"/> Self Resp. <div style="border: 1px solid black; width: 20px; text-align: center;">76</div> <input type="checkbox"/> Proxy (Footnote reason if 17 and over)																																																																																																

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N. DENTAL CARE PAGE, Continued		PERSON 1	
<p>Mark box if "One year old or under 1."</p> <p>3a. During the past 12 months (that is, since (12-month date) a year ago) about how many visits did — make to a dentist? (Include the (number in 1d) visit(s) you already told me about.)</p> <p>Mark "2-week dental visit" box in person's column if visit(s) reported in 1d.</p> <p>b. ABOUT how long has it been since — LAST went to a dentist?</p>		<p>3a. 998 <input type="checkbox"/> One year old or under 1 (NP) 77-79</p> <p>_____ Visits</p> <p>000 <input type="checkbox"/> None</p>	
		<p>b. 1 <input type="checkbox"/> Past 2 weeks not reported (Reask 1) 80</p> <p>2 <input type="checkbox"/> 2-week dental visit</p> <p>3 <input type="checkbox"/> Over 2 weeks, less than 6 months</p> <p>4 <input type="checkbox"/> 6 months, less than 1 year</p> <p>5 <input type="checkbox"/> 1 year, less than 2 years</p> <p>6 <input type="checkbox"/> 2 years, less than 5 years</p> <p>7 <input type="checkbox"/> 5 years or more</p> <p>0 <input type="checkbox"/> Never</p>	
<p>4a. Does anyone in the family use toothpaste with fluoride? <input type="checkbox"/> Yes <input type="checkbox"/> No (5) <input type="checkbox"/> DK (5)</p> <p>b. Who is this? Mark "Toothpaste" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>4b. 1 <input type="checkbox"/> Toothpaste 81</p>	
<p>5a. Does anyone in the family use fluoride drops, tablets, or any other fluoride supplements which are swallowed? <input type="checkbox"/> Yes <input type="checkbox"/> No (6) <input type="checkbox"/> DK (6)</p> <p>b. Who is this? Mark "Fluoride supplements" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No</p>		<p>5b. 1 <input type="checkbox"/> Fluoride supplements 82</p>	
<p>6a. Does anyone in the family use a fluoride mouth rinse which is NOT swallowed? <input type="checkbox"/> Yes <input type="checkbox"/> No (7) <input type="checkbox"/> DK (7)</p> <p>b. Who is this? Mark "Fluoride mouth rinse" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 6b and c) <input type="checkbox"/> No</p>		<p>6b. 1 <input type="checkbox"/> Fluoride mouth rinse 83</p>	
<p>7a. Is there anyone in the family who has lost ALL of his or her teeth? <input type="checkbox"/> Yes <input type="checkbox"/> No (NEXT PAGE)</p> <p>b. Who is this? Mark "Lost all teeth" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 7b and c) <input type="checkbox"/> No</p>		<p>7b. 1 <input type="checkbox"/> Lost all teeth 84</p>	
<p>Ask 8a-f as appropriate for each person with "Lost all teeth" in 7b.</p> <p>8a. Does — have false teeth? 85</p> <p>b. Does — have an upper plate, a lower plate, or both? 86</p> <p>c. Does — usually wear — plate(s) while eating? 87</p> <p>d. Does — usually wear — plate(s) when not eating? 88</p> <p>e. Does — need new false teeth? 89</p> <p>f. Do the ones — has need refitting? 90</p>		<p>8a. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b. 1 <input type="checkbox"/> Upper 3 <input type="checkbox"/> Both 2 <input type="checkbox"/> Lower</p> <p>c. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>d. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>e. 1 <input type="checkbox"/> Yes (NP) 2 <input type="checkbox"/> No</p> <p>f. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

PERSON 2		PERSON 3		PERSON 4		PERSON 5	
3a.	998 <input type="checkbox"/> One year old or under 1 (NP) 77-78 Visits 000 <input type="checkbox"/> None	998 <input type="checkbox"/> One year old or under 1 (NP) 77-78 Visits 000 <input type="checkbox"/> None	3a.	998 <input type="checkbox"/> One year old or under 1 (NP) 77-78 Visits 000 <input type="checkbox"/> None	998 <input type="checkbox"/> One year old or under 1 (NP) 77-78 Visits 000 <input type="checkbox"/> None		
b.	1 <input type="checkbox"/> Past 2 weeks not reported (Reask 1) 80 2 <input type="checkbox"/> 2-week dental visit 3 <input type="checkbox"/> Over 2 weeks, less than 6 months 4 <input type="checkbox"/> 6 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 2 years 6 <input type="checkbox"/> 2 years, less than 5 years 7 <input type="checkbox"/> 5 years or more 0 <input type="checkbox"/> Never	1 <input type="checkbox"/> Past 2 weeks not reported (Reask 1) 80 2 <input type="checkbox"/> 2-week dental visit 3 <input type="checkbox"/> Over 2 weeks, less than 6 months 4 <input type="checkbox"/> 6 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 2 years 6 <input type="checkbox"/> 2 years, less than 5 years 7 <input type="checkbox"/> 5 years or more 0 <input type="checkbox"/> Never	b.	1 <input type="checkbox"/> Past 2 weeks not reported (Reask 1) 80 2 <input type="checkbox"/> 2-week dental visit 3 <input type="checkbox"/> Over 2 weeks, less than 6 months 4 <input type="checkbox"/> 6 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 2 years 6 <input type="checkbox"/> 2 years, less than 5 years 7 <input type="checkbox"/> 5 years or more 0 <input type="checkbox"/> Never	1 <input type="checkbox"/> Past 2 weeks not reported (Reask 1) 80 2 <input type="checkbox"/> 2-week dental visit 3 <input type="checkbox"/> Over 2 weeks, less than 6 months 4 <input type="checkbox"/> 6 months, less than 1 year 5 <input type="checkbox"/> 1 year, less than 2 years 6 <input type="checkbox"/> 2 years, less than 5 years 7 <input type="checkbox"/> 5 years or more 0 <input type="checkbox"/> Never		
4b.	1 <input type="checkbox"/> Toothpaste 81	1 <input type="checkbox"/> Toothpaste 81	4b.	1 <input type="checkbox"/> Toothpaste 81	1 <input type="checkbox"/> Toothpaste 81		
5b.	1 <input type="checkbox"/> Fluoride supplements 82	1 <input type="checkbox"/> Fluoride supplements 82	5b.	1 <input type="checkbox"/> Fluoride supplements 82	1 <input type="checkbox"/> Fluoride supplements 82		
6b.	1 <input type="checkbox"/> Fluoride mouth rinse 83	1 <input type="checkbox"/> Fluoride mouth rinse 83	6b.	1 <input type="checkbox"/> Fluoride mouth rinse 83	1 <input type="checkbox"/> Fluoride mouth rinse 83		
7b.	1 <input type="checkbox"/> Lost all teeth 84	1 <input type="checkbox"/> Lost all teeth 84	7b.	1 <input type="checkbox"/> Lost all teeth 84	1 <input type="checkbox"/> Lost all teeth 84		
8a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 85	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 85	8a.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 85	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP) 85		
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f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 90	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 90	f.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 90	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 90		

FOOTNOTES

O. ALCOHOL/HEALTH PRACTICES PAGE		RT 64
Sample Person Number _____		3-4
01	<p>Refer to household composition and age.</p> <p>1 <input type="checkbox"/> Deleted (Next SP)</p> <p>2 <input type="checkbox"/> Under 18 (Next SP)</p> <p>3 <input type="checkbox"/> 18 and over, callback required (Next SP)</p> <p>4 <input type="checkbox"/> 18 and over, noninterview (Specify, THEN next SP)</p> <p>5 <input type="checkbox"/> 18 and over, available (1)</p>	5
<p>Read to respondent:</p> <p>(Name of SP), the following questions concern your health practices, smoking, and alcohol use. (It is not necessary for anyone else to be present.)</p>		
<p>1. How many hours do you usually sleep at night?</p> <p style="text-align: right;">_____ Hours</p>		6-7
<p>2. How often do you eat breakfast — almost every day, sometimes, rarely, or never?</p> <p>1 <input type="checkbox"/> Every day</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Rarely or never</p> <p>4 <input type="checkbox"/> Other (Specify) _____</p>		8
<p>3. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely, or never?</p> <p>1 <input type="checkbox"/> Every day</p> <p>2 <input type="checkbox"/> Sometimes</p> <p>3 <input type="checkbox"/> Rarely or never</p> <p>4 <input type="checkbox"/> Other (Specify) _____</p>		9
<p>4. Would you say that you are physically more active, less active, or about as active as other persons your age?</p> <p>1 <input type="checkbox"/> More active</p> <p>2 <input type="checkbox"/> Less active</p> <p>3 <input type="checkbox"/> Same</p> <p>4 <input type="checkbox"/> Other (Specify) _____</p>		10
<p>5a. Have you smoked at least 100 cigarettes in your life?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)</p>		11
<p>b. Do you smoke cigarettes now?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		12
<p>c. On the average, about how many cigarettes a day [do/did] you smoke?</p> <p style="text-align: right;">_____ Number 99 <input type="checkbox"/> Never smoked regularly (8)</p>		13-14
02	<p>Refer to 5b.</p> <p>1 <input type="checkbox"/> "Yes" in 5b (7)</p> <p>2 <input type="checkbox"/> "No" in 5b (8)</p>	15
<p>6. About how long has it been since you last smoked cigarettes fairly regularly?</p> <p style="text-align: right;">_____ Number</p> <div style="display: flex; align-items: center;"> <div style="font-size: 40px; margin-right: 10px;">{</div> <div> <p>2 <input type="checkbox"/> Days</p> <p>3 <input type="checkbox"/> Weeks</p> <p>4 <input type="checkbox"/> Months</p> <p>5 <input type="checkbox"/> Years</p> <p>000 <input type="checkbox"/> Never smoked regularly (8)</p> </div> </div>		16-18

03	19	
<p>Refer to 6.</p> <p>1 <input type="checkbox"/> Less than 5 years (7b)</p> <p>2 <input type="checkbox"/> 5 years or more (8)</p>		
<p>7a. In the past 5 years, have you EVER tried to stop smoking cigarettes?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8)</p>	20	
<p>b. Now I am going to read a list of methods which some people use to stop smoking cigarettes. Tell me which of these methods you used in the past 5 years to stop or try to stop smoking.</p>		
<p>(1) Did you attend a formal program SUCH AS SmokEnders, the American Cancer Society program or American Lung Association program?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 21</p>	
<p>(2) Did you go to a health professional for help, SUCH AS a physician, psychologist, or psychiatrist?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 22</p>	
<p>(3) Did you use special filters or cigarette holders to regulate the amount of smoke inhaled in an attempt to stop smoking?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 23</p>	
<p>(4) Did you switch to lower tar and nicotine cigarettes in an attempt to stop smoking?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 24</p>	
<p>(5) Did you stop or try to stop smoking with a few friends, relatives, or acquaintances?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 25</p>	
<p>(6) Did you stop or try to stop entirely on your own?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 26</p>	
<p>(7) Did you use some other method to stop or try to stop smoking? (Specify) _____</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 27</p>	
<p>Read to respondent:</p> <p>These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.</p>		
<p>8a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (8c)</p>		28
<p>b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?</p> <p>1 <input type="checkbox"/> Yes (9) 2 <input type="checkbox"/> No</p>		29
<p>c. What is your MAIN reason for not drinking?</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>00 <input type="checkbox"/> No need/not necessary</p> <p>01 <input type="checkbox"/> Don't care for/dislike it</p> <p>02 <input type="checkbox"/> Medical/health reasons</p> <p>03 <input type="checkbox"/> Religious/moral reasons</p> <p>04 <input type="checkbox"/> Brought up not to drink</p> <p>05 <input type="checkbox"/> Costs too much</p> <p>06 <input type="checkbox"/> Family member an alcoholic or problem drinker</p> <p>07 <input type="checkbox"/> Infrequent drinker</p> <p>08 <input type="checkbox"/> Other (Specify) _____</p> </div> <div style="font-size: 40px; margin: 0 10px;">}</div> <div style="vertical-align: middle;">(36)</div> </div>		30-31

9. Not counting small tastes, how old were you when you started drinking alcoholic beverages? 32-33
____ Years old

Hand calendar.
10a. Did you have a drink during the 2-week period [outlined on that calendar/ beginning Monday, (date) and ending Sunday (date)]?
1 ☐ Yes 2 ☐ No (10c) 34
b. During that period, when did you last have a drink? 35-40
____ 19 ____ (11)
Month Date Year
c. When was your last drink prior to that 2-week period? 41-46
____ 19 ____
Month Date Year

04 Refer to 10c. 47
1 ☐ Over 2 weeks, less than 1 year (17)
2 ☐ 1 year or more (26)

11a. During that 2-week period, on how many days did you drink any beer? 48-49
____ Days
00 ☐ None or never (12)
b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day? 50-51
____ Beers
c. During that 2-week period, what was the total number of beers you drank? 52-54
____ Beers
d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period? 55-56
____ Ounces

12a. During that 2-week period, on how many days did you drink any wine? 57-58
____ Days
00 ☐ None or never (13)
b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day? 59-60
____ Glasses
c. During that 2-week period, what was the total number of glasses of wine you drank? 61-63
____ Glasses
d. About how many ounces of wine were in a typical glass that you drank during that period? 64-65
____ Ounces

13a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka? 66-67
____ Days
00 ☐ None or never (05)

b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day? 68-69
____ Drinks
c. During that 2-week period, what was the total number of drinks of liquor you had? 70-72
____ Drinks
d. About how many ounces of liquor were in a typical drink that you had during that period? 73-74
____ Ounces

05 Refer to 11a, 12a, and 13a. 75
1 ☐ One day and one beverage type (16)
2 ☐ Only one beverage type (15)
3 ☐ 14 days in 11a, 12a, or 13a (Intro)
8 ☐ Other (14)

Read to respondent:
I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.
14. During the 2-week period [outlined on that calendar/beginning Monday, (date) and ending Sunday (date)], on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?
____ Days (15) 76-77
01 ☐ One day only (16)

INTRO: I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.

Refer to questions 11b, 12b, and 13b.
15a. During that 2-week period, did you have more than (largest number in 11b, 12b, or 13b) drink(s) on a single day? 78
1 ☐ Yes 2 ☐ No (16)
b. During that 2-week period, on how many days did you have more than (largest number in 11b, 12b, or 13b) drink(s) of beer, or wine, or liquor? 79-80
____ Days
01 ☐ One day only (15a)
c. What was the largest number of drinks you had on any one of those days? 81-82
____ Drinks
d. On how many days during that 2-week period did you have (number in 15c) drinks? 83-84
____ Days (16)
e. How many drinks did you have on that day? 85-86
____ Drinks

16a. Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months? 3-4

1 ☐ Yes (16c) 2 ☐ No 5

b. Was the amount of your drinking during that 2-week period more or less than your drinking during the past 12 months? 6

1 ☐ More (23) 2 ☐ Less (23)

c. For how many years has this been typical of your drinking? 7-8

_____ Years (23) 00 ☐ Less than one (23)

Read to respondent:

Let's talk about the 2-week period ENDING WITH AND INCLUDING the day you had your last drink.

17a. During that 2-week period, on how many days did you drink any beer? 9-10

Days

00 ☐ None or never (18)

b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day? 11-12

_____ Beers

c. During that 2-week period, what was the total number of beers you drank? 13-15

_____ Beers

d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period? 16-17

_____ Ounces

18a. During that 2-week period, on how many days did you drink any wine? 18-19

Days

00 ☐ None or never (19)

b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day? 20-21

_____ Glasses

c. During that 2-week period, what was the total number of glasses of wine you drank? 22-24

_____ Glasses

d. About how many ounces of wine were in a typical glass that you drank during that period? 25-26

_____ Ounces

19a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka? 27-28

Days

00 ☐ None or never (08)

b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day? 29-30

_____ Drinks

c. During that 2-week period, what was the total number of drinks of liquor you had? 31-33

_____ Drinks

d. About how many ounces of liquor were in a typical drink that you had during that period? 34-35

_____ Ounces

06

Refer to 17a, 18a, and 19a. 36

1 ☐ Only one beverage type (21)

2 ☐ 14 days in 17a, 18a, or 19a (21)

3 ☐ Other (20)

Read to respondent:

I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.

20. During the 2-week period ENDING WITH AND INCLUDING the day you had your last drink, on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor? 37-38

_____ Days

21a. Was the amount of your drinking during that 2-week period typical of your drinking during the 12 months before your last drink? 39

1 ☐ Yes (21c) 2 ☐ No

b. Was the amount of your drinking during that 2-week period more or less than your drinking during the 12 months before your last drink? 40

1 ☐ More (22) 2 ☐ Less (22)

c. For how many years was this typical of your drinking? 41-42

_____ Years 00 ☐ Less than one

FOOTNOTES

<p>22a. What is your MAIN reason for not drinking since (date in 10c)? 43-44</p> <p>00 <input type="checkbox"/> No need/not necessary</p> <p>01 <input type="checkbox"/> Don't care for/dislike it</p> <p>02 <input type="checkbox"/> Medical/health reasons</p> <p>03 <input type="checkbox"/> Religious/moral reasons</p> <p>04 <input type="checkbox"/> Alcoholic/problem drinker-self</p> <p>05 <input type="checkbox"/> Costs too much</p> <p>06 <input type="checkbox"/> Family member an alcoholic or problem drinker</p> <p>07 <input type="checkbox"/> Quit drinking (23b)</p> <p>08 <input type="checkbox"/> Infrequent drinker (23a)</p> <p>09 <input type="checkbox"/> Other (Specify) _____</p> <p>b. Have you completely stopped drinking alcoholic beverages? 45</p> <p>1 <input type="checkbox"/> Yes (23b) 2 <input type="checkbox"/> No</p>	<p>25f. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week? 65-66</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>g. Was there ever a period in your life when you considered yourself to be a light drinker? 67</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (07)</p> <p>h. For how many years were you a light drinker? 68-69</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week? 70-71</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p>
<p>23a. During the past year, in how many MONTHS did you have at least one drink of ANY alcoholic beverage? 46-47</p> <p>_____ Months (24)</p> <p>b. During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage? 48-49</p> <p>_____ Months 00 <input type="checkbox"/> None (25)</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="font-size: 24pt; font-weight: bold; text-align: center;">07</p> <p>Refer to 25a, 25d, and 25g.</p> <p>1 <input type="checkbox"/> 25a, 25d, and 25g are all "No" (25j)</p> <p>8 <input type="checkbox"/> Other (25n)</p> </div>
<p>24a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage? 50-52</p> <p>_____ Days 000 <input type="checkbox"/> None</p> <p>b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 24a) days you had 9 or more drinks.) 53-55</p> <p>_____ Days 000 <input type="checkbox"/> None</p>	<p>25j. Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker? 73</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25m)</p> <p>k. For how many years were you a very light, occasional, or infrequent drinker? 74-75</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>l. When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week? 76-77</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p>
<p><i>Read to respondent:</i> These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</p> <p>25a. Was there ever a period in your life when you considered yourself to be a heavy drinker? 56</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25d)</p> <p>b. For how many years were you a heavy drinker? 57-58</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>c. When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week? 59-61</p> <p>_____ Drinks 000 <input type="checkbox"/> Less than one</p> <p>d. Was there ever a period in your life when you considered yourself to be a moderate drinker? 62</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25g)</p> <p>e. For how many years were you a moderate drinker? 63-64</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p>	<p>m. Do you now consider yourself to be an abstainer or a very light, occasional, or infrequent drinker? 78</p> <p>1 <input type="checkbox"/> Light</p> <p>2 <input type="checkbox"/> Moderate</p> <p>3 <input type="checkbox"/> Heavy</p> <p>4 <input type="checkbox"/> Abstainer</p> <p>5 <input type="checkbox"/> Very light, occasional, infrequent</p> <p>8 <input type="checkbox"/> Other (Specify) _____</p> <p style="text-align: right;">(31)</p> <p>n. Do you now consider yourself to be an abstainer or a light, moderate, or heavy drinker? 79</p> <p>1 <input type="checkbox"/> Light</p> <p>2 <input type="checkbox"/> Moderate</p> <p>3 <input type="checkbox"/> Heavy</p> <p>4 <input type="checkbox"/> Abstainer</p> <p>5 <input type="checkbox"/> Very light, occasional, infrequent</p> <p>8 <input type="checkbox"/> Other (Specify) _____</p> <p style="text-align: right;">(31)</p>

<p><i>Read to respondent:</i> I would like you to think about your drinking of alcoholic beverages, that is, beer, or wine, or liquor, around (date in 10c.)</p> <p>26a. In a typical week, on how many days did you drink alcoholic beverages?</p> <p>_____ Days 00 <input type="checkbox"/> None (27) 80-81</p> <p>b. On the day(s) when you drank, about how many drinks did you have a day?</p> <p>_____ Drinks 82-83</p> <p>c. For how many years was this typical of your drinking?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 98 <input type="checkbox"/> Not typical 84-85</p> <p>27. During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?</p> <p>_____ Months 00 <input type="checkbox"/> None (29) 86-87</p> <p>28a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?</p> <p>_____ Days 000 <input type="checkbox"/> None 88-90</p> <p>b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 28a) days you had 9 or more drinks.)</p> <p>_____ Days 000 <input type="checkbox"/> None 91-93</p> <p><i>Read to respondent:</i> These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</p> <p>28a. Was there ever a period in your life when you considered yourself to be a heavy drinker?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (29d) 94</p> <p>b. For how many years were you a heavy drinker?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 95-96</p> <p>c. When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week?</p> <p>_____ Drinks 000 <input type="checkbox"/> Less than one 97-99</p> <p>d. Was there ever a period in your life when you considered yourself to be a moderate drinker?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (29g) 100</p> <p>e. For how many years were you a moderate drinker?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 101-102</p>	<p>29f. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week? 103-104</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>g. Was there ever a period in your life when you considered yourself to be a light drinker? 105</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (108)</p> <p>h. For how many years were you a light drinker? 106-107</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week? 108-109</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p style="text-align: center;">08</p> <p>Refer to 29a, 29d, and 29g. 1 <input type="checkbox"/> 29a, 29d, and 29g are all "No" (29j) 8 <input type="checkbox"/> Other (30) 110</p> <p>29j. Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker? 111</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (30)</p> <p>k. For how many years were you a very light, occasional, or infrequent drinker? 112-113</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>l. When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week? 114-115</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>30a. What is your MAIN reason for not drinking since (date in 10c)? 116-117</p> <p>00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Alcoholic/problem drinker-self 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Quit drinking 08 <input type="checkbox"/> Infrequent drinker } (31) 88 <input type="checkbox"/> Other (Specify) _____</p> <p>b. Have you completely stopped drinking alcoholic beverages? 118</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>FOOTNOTES</p>
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RT 66	
31a. Some people have problems related to drinking. Have you EVER had a family or marital problem related to YOUR drinking?	29
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (32)	3-4
b. What problem did you have?	5
_____ _____ _____	8-11
c. Anything else?	NCN
<input type="checkbox"/> Yes (Reask 31b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (32)	12
d. Did [this problem/any of these problems] occur in the past 12 months?	13
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	14-19
32a. Have you EVER had a job or work problem related to YOUR drinking?	37
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (33)	38
b. What problem did you have?	39
_____ _____ _____	NCN
c. Anything else?	NCN
<input type="checkbox"/> Yes (Reask 32b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (33)	20
d. Did [this problem/any of these problems] occur in the past 12 months?	21
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	22-27
33a. Have you EVER had an injury related to YOUR drinking?	28
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (34)	NCN
b. What was the injury?	NCN
_____ _____ _____	NCN
c. Anything else?	NCN
<input type="checkbox"/> Yes (Reask 33b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (34)	28
d. Did [this injury/any of these injuries] occur in the past 12 months?	28
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	28
34a. Did you EVER have any (other) health problem related to YOUR drinking?	30-35
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (35)	30-35
b. What was the health problem?	30-35
_____ _____ _____	30-35
c. Anything else?	30-35
<input type="checkbox"/> Yes (Reask 34b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (35)	30-35
d. Did [this problem/any of these problems] occur in the past 12 months?	30-35
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	30-35
35a. While YOU were driving, did you EVER have a motor vehicle accident or traffic violation related to YOUR drinking?	37
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (36)	37
b. Which, a motor vehicle accident or traffic violation?	38
1 <input type="checkbox"/> Accident 2 <input type="checkbox"/> Violation 3 <input type="checkbox"/> Both	38
Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (36)	39
c. Did you have a [motor vehicle accident/(or) traffic violation] related to YOUR drinking in the past 12 months?	39
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	39
FOOTNOTES	

36. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before.

- | | | | |
|---|--------------------------------|-------------------------------|----|
| a. Hypertension or high blood pressure? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 40 |
| b. Hardening of the arteries? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 41 |
| c. Tachycardia, arrhythmia, or rapid heart? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 42 |
| d. Arthritis or rheumatism? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 43 |
| e. Convulsions or seizures? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 44 |
| f. Blackouts? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 45 |
| g. Shortness of breath? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 46 |
| h. Insomnia or sleeplessness? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 47 |
| i. Hepatitis? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 48 |
| j. Any disease of the pancreas? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 49 |
| k. An ulcer, other than a skin ulcer? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 50 |
| l. Any gastrointestinal bleeding? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 51 |
| m. Diabetes? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 52 |
| n. Heart attack or heart failure? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 53 |
| o. Coronary heart disease? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 54 |
| p. Stroke or hemorrhage of the brain? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 55 |
| q. Angina pectoris? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 56 |
| r. Cancer? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 57 |
| s. Yellow jaundice? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 58 |
| t. Fatty liver? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 59 |
| u. Enlarged liver? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 60 |
| v. Cirrhosis of the liver? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 61 |
| w. Any other liver trouble? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 62 |
| x. DT's or delirium tremens? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 63 |
| y. Alcoholism? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 64 |

FOOTNOTES

Mark by observation. Mark all that apply.

Who was present during the interview?

1 ☐ Telephone interview

1 ☐ No one else present

1 ☐ Husband/wife

1 ☐ Child/children under 18 years old

1 ☐ Parent(s)

1 ☐ Other adult(s)

09

65

66

67

68

69

70

FOOTNOTES

O. ALCOHOL/HEALTH PRACTICES PAGE

Sample Person Number _____

3-4

01

Refer to household composition and age.

- 1 ☐ Deleted (Next SP)
 2 ☐ Under 18 (Next SP)
 3 ☐ 18 and over, callback required (Next SP)
 4 ☐ 18 and over, noninterview (Specify, THEN next SP)
 5 ☐ 18 and over, available (1)

Read to respondent:

(Name of SP), the following questions concern your health practices, smoking, and alcohol use. (It is not necessary for anyone else to be present.)

1. How many hours do you usually sleep at night?

_____ Hours

6-7

2. How often do you eat breakfast — almost every day, sometimes, rarely, or never?

- 1 ☐ Every day
 2 ☐ Sometimes
 3 ☐ Rarely or never
 4 ☐ Other (Specify) _____

8

3. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely, or never?

- 1 ☐ Every day
 2 ☐ Sometimes
 3 ☐ Rarely or never
 4 ☐ Other (Specify) _____

9

4. Would you say that you are physically more active, less active, or about as active as other persons your age?

- 1 ☐ More active
 2 ☐ Less active
 3 ☐ Same
 4 ☐ Other (Specify) _____

10

5a. Have you smoked at least 100 cigarettes in your life?

- 1 ☐ Yes 2 ☐ No (8)

11

b. Do you smoke cigarettes now?

- 1 ☐ Yes 2 ☐ No

12

c. On the average, about how many cigarettes a day (do/did) you smoke?

_____ Number 99 ☐ Never smoked regularly (8)

13-14

02

Refer to 5b.

- 1 ☐ "Yes" in 5b (7)
 2 ☐ "No" in 5b (8)

15

6. About how long has it been since you last smoked cigarettes fairly regularly?

- _____ Number {
 2 ☐ Days
 3 ☐ Weeks
 4 ☐ Months
 5 ☐ Years
 000 ☐ Never smoked regularly (8)

16-18

03

Refer to 6.

- 1 ☐ Less than 5 years (7b)
 2 ☐ 5 years or more (8)

19

7a. In the past 5 years, have you EVER tried to stop smoking cigarettes?

- 1 ☐ Yes 2 ☐ No (8)

20

b. Now I am going to read a list of methods which some people use to stop smoking cigarettes. Tell me which of these methods you used in the past 5 years to stop or try to stop smoking.

(1) Did you attend a formal program SUCH AS SmokEnders, the American Cancer Society program or American Lung Association program?

1 ☐ Yes2 ☐ No

21

(2) Did you go to a health professional for help, SUCH AS a physician, psychologist, or psychiatrist?

1 ☐ Yes2 ☐ No

22

(3) Did you use special filters or cigarette holders to regulate the amount of smoke inhaled in an attempt to stop smoking?

1 ☐ Yes2 ☐ No

23

(4) Did you switch to lower tar and nicotine cigarettes in an attempt to stop smoking?

1 ☐ Yes2 ☐ No

24

(5) Did you stop or try to stop smoking with a few friends, relatives, or acquaintances?

1 ☐ Yes2 ☐ No

25

(6) Did you stop or try to stop entirely on your own?

1 ☐ Yes2 ☐ No

26

(7) Did you use some other method to stop or try to stop smoking?

1 ☐ Yes2 ☐ No

27

(Specify)

Read to respondent:

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.

8a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?

- 1 ☐ Yes 2 ☐ No (8c)

28

b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?

- 1 ☐ Yes (9) 2 ☐ No

29

c. What is your MAIN reason for not drinking?

- 00 ☐ No need/not necessary
 01 ☐ Don't care for/dislike it
 02 ☐ Medical/health reasons
 03 ☐ Religious/moral reasons
 04 ☐ Brought up not to drink
 05 ☐ Costs too much
 06 ☐ Family member an alcoholic or problem drinker
 07 ☐ Infrequent drinker
 08 ☐ Other (Specify) _____

(36)

30-31

<p>9. Not counting small tastes, how old were you when you started drinking alcoholic beverages? 32-33</p> <p style="text-align: center;">_____ Years old</p> <p><i>Hand calendar.</i></p> <p>10a. Did you have a drink during the 2-week period [outlined on that calendar/ beginning Monday, (date) and ending Sunday (date)]? 34</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (10c)</p> <p>b. During that period, when did you last have a drink? 35-40</p> <p style="text-align: center;">_____ 19 _____ (11)</p> <p style="text-align: center;">Month Date Year</p> <p>c. When was your last drink prior to that 2-week period? 41-46</p> <p style="text-align: center;">_____ 19 _____</p> <p style="text-align: center;">Month Date Year</p>	<p>13a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka? 66-67</p> <p style="text-align: center;">_____ Days</p> <p>00 <input type="checkbox"/> None or never (05)</p> <p>b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day? 68-69</p> <p style="text-align: center;">_____ Drinks</p> <p>c. During that 2-week period, what was the total number of drinks of liquor you had? 70-72</p> <p style="text-align: center;">_____ Drinks</p> <p>d. About how many ounces of liquor were in a typical drink that you had during that period? 73-74</p> <p style="text-align: center;">_____ Ounces</p>
<p>04 47</p> <p><i>Refer to 10c.</i></p> <p>1 <input type="checkbox"/> Over 2 weeks, less than 1 year (17)</p> <p>2 <input type="checkbox"/> 1 year or more (26)</p> <p>11a. During that 2-week period, on how many days did you drink any beer? 48-49</p> <p style="text-align: center;">_____ Days</p> <p>00 <input type="checkbox"/> None or never (12)</p> <p>b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day? 50-51</p> <p style="text-align: center;">_____ Beers</p> <p>c. During that 2-week period, what was the total number of beers you drank? 52-54</p> <p style="text-align: center;">_____ Beers</p> <p>d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period? 55-56</p> <p style="text-align: center;">_____ Ounces</p> <p>12a. During that 2-week period, on how many days did you drink any wine? 57-58</p> <p style="text-align: center;">_____ Days</p> <p>00 <input type="checkbox"/> None or never (13)</p> <p>b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day? 59-60</p> <p style="text-align: center;">_____ Glasses</p> <p>c. During that 2-week period, what was the total number of glasses of wine you drank? 61-63</p> <p style="text-align: center;">_____ Glasses</p> <p>d. About how many ounces of wine were in a typical glass that you drank during that period? 64-65</p> <p style="text-align: center;">_____ Ounces</p>	<p>05 75</p> <p><i>Refer to 11a, 12a, and 13a.</i></p> <p>1 <input type="checkbox"/> One day and one beverage type (16)</p> <p>2 <input type="checkbox"/> Only one beverage type (15)</p> <p>3 <input type="checkbox"/> 14 days in 11a, 12a, or 13a (Intro)</p> <p>4 <input type="checkbox"/> Other (14)</p> <p><i>Read to respondent:</i></p> <p>I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p> <p>14. During the 2-week period [outlined on that calendar/ beginning Monday, (date) and ending Sunday (date)], on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor? 76-77</p> <p style="text-align: center;">_____ Days (15)</p> <p>01 <input type="checkbox"/> One day only (16)</p> <p>INTRO 78</p> <p>I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p> <p><i>Refer to questions 11b, 12b, and 13b.</i></p> <p>15a. During that 2-week period, did you have more than (largest number in 11b, 12b, or 13b) drink(s) on a single day? 79-80</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (16)</p> <p>b. During that 2-week period, on how many days did you have more than (largest number in 11b, 12b, or 13b) drink(s) of beer, or wine, or liquor? 81-82</p> <p style="text-align: center;">_____ Days</p> <p>01 <input type="checkbox"/> One day only (15a)</p> <p>c. What was the largest number of drinks you had on any one of those days? 83-84</p> <p style="text-align: center;">_____ Drinks</p> <p>d. On how many days during that 2-week period did you have (number in 15c) drinks? 85-86</p> <p style="text-align: center;">_____ Days (16)</p> <p>e. How many drinks did you have on that day? 86-88</p> <p style="text-align: center;">_____ Drinks</p>

RT 65		27-28
<p>16a. Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?</p> <p>1 <input type="checkbox"/> Yes (16c) 2 <input type="checkbox"/> No</p> <p>b. Was the amount of your drinking during that 2-week period more or less than your drinking during the past 12 months?</p> <p>1 <input type="checkbox"/> More (23) 2 <input type="checkbox"/> Less (23)</p> <p>c. For how many years has this been typical of your drinking?</p> <p>_____ Years (23) 00 <input type="checkbox"/> Less than one (23)</p>	<p>19a. During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?</p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (06)</p> <p>b. During that 2-week period, on the day(s) when you drank liquor, about how many drinks did you have a day?</p> <p>_____ Drinks</p> <p>c. During that 2-week period, what was the total number of drinks of liquor you had?</p> <p>_____ Drinks</p> <p>d. About how many ounces of liquor were in a typical drink that you had during that period?</p> <p>_____ Ounces</p>	
<p><i>Read to respondent:</i> Let's talk about the 2-week period ENDING WITH AND INCLUDING the day you had your last drink.</p>		
<p>17a. During that 2-week period, on how many days did you drink any beer?</p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (18)</p> <p>b. During that 2-week period, on the day(s) when you drank beer, about how many beers did you drink a day?</p> <p>_____ Beers</p> <p>c. During that 2-week period, what was the total number of beers you drank?</p> <p>_____ Beers</p> <p>d. About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?</p> <p>_____ Ounces</p>	<p>06</p> <p><i>Refer to 17a, 18a, and 19a.</i></p> <p>1 <input type="checkbox"/> Only one beverage type (21) 2 <input type="checkbox"/> 14 days in 17a, 18a, or 19a (21) 3 <input type="checkbox"/> Other (20)</p>	
<p><i>Read to respondent:</i> I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.</p>		
<p>20. During the 2-week period ENDING WITH AND INCLUDING the day you had your last drink, on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?</p> <p>_____ Days</p>		
<p>18a. During that 2-week period, on how many days did you drink any wine?</p> <p><input type="text"/> Days</p> <p>00 <input type="checkbox"/> None or never (19)</p> <p>b. During that 2-week period, on the day(s) when you drank wine, about how many glasses of wine did you drink a day?</p> <p>_____ Glasses</p> <p>c. During that 2-week period, what was the total number of glasses of wine you drank?</p> <p>_____ Glasses</p> <p>d. About how many ounces of wine were in a typical glass that you drank during that period?</p> <p>_____ Ounces</p>	<p>21a. Was the amount of your drinking during that 2-week period typical of your drinking during the 12 months before your last drink?</p> <p>1 <input type="checkbox"/> Yes (21c) 2 <input type="checkbox"/> No</p> <p>b. Was the amount of your drinking during that 2-week period more or less than your drinking during the 12 months before your last drink?</p> <p>1 <input type="checkbox"/> More (22) 2 <input type="checkbox"/> Less (22)</p> <p>c. For how many years was this typical of your drinking?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p>	
<p>FOOTNOTES</p>		

<p>22a. What is your MAIN reason for not drinking since (date in 10c)? 43-44</p> <p>00 <input type="checkbox"/> No need/not necessary</p> <p>01 <input type="checkbox"/> Don't care for/dislike it</p> <p>02 <input type="checkbox"/> Medical/health reasons</p> <p>03 <input type="checkbox"/> Religious/moral reasons</p> <p>04 <input type="checkbox"/> Alcoholic/problem drinker-self</p> <p>05 <input type="checkbox"/> Costs too much</p> <p>06 <input type="checkbox"/> Family member an alcoholic or problem drinker</p> <p>07 <input type="checkbox"/> Quit drinking (23b)</p> <p>08 <input type="checkbox"/> Infrequent drinker (23a)</p> <p>09 <input type="checkbox"/> Other (Specify) _____</p> <p>b. Have you completely stopped drinking alcoholic beverages? 45</p> <p>1 <input type="checkbox"/> Yes (23b) 2 <input type="checkbox"/> No</p>	<p>25f. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week? 65-66</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>g. Was there ever a period in your life when you considered yourself to be a light drinker? 67</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (07)</p> <p>h. For how many years were you a light drinker? 68-69</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week? 70-71</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p>
<p>23a. During the past year, in how many MONTHS did you have at least one drink of ANY alcoholic beverage? 46-47</p> <p>_____ Months (24)</p> <p>b. During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage? 48-49</p> <p>_____ Months 00 <input type="checkbox"/> None (25)</p>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="font-size: 24pt; font-weight: bold; text-align: center;">07</p> <p>Refer to 25a, 25d, and 25g.</p> <p>1 <input type="checkbox"/> 25a, 25d, and 25g are all "No" (25j)</p> <p>8 <input type="checkbox"/> Other (25n)</p> </div> <p>25j. Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker? 72</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25m)</p> <p>k. For how many years were you a very light, occasional, or infrequent drinker? 73</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>l. When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week? 74-75</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>m. Do you now consider yourself to be an abstainer or a very light, occasional, or infrequent drinker? 76-77</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>1 <input type="checkbox"/> Light</p> <p>2 <input type="checkbox"/> Moderate</p> <p>3 <input type="checkbox"/> Heavy</p> <p>4 <input type="checkbox"/> Abstainer</p> <p>5 <input type="checkbox"/> Very light, occasional, infrequent</p> <p>8 <input type="checkbox"/> Other (Specify) _____</p> </div> <div style="font-size: 48pt; margin-left: 10px;">}</div> <div style="margin-left: 10px;">(31)</div> </div>
<p>24a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage? 50-52</p> <p>_____ Days 000 <input type="checkbox"/> None</p> <p>b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 24a) days you had 9 or more drinks.) 53-55</p> <p>_____ Days 000 <input type="checkbox"/> None</p>	<p>n. Do you now consider yourself to be an abstainer or a light, moderate, or heavy drinker? 78</p> <div style="display: flex; align-items: center;"> <div style="flex: 1;"> <p>1 <input type="checkbox"/> Light</p> <p>2 <input type="checkbox"/> Moderate</p> <p>3 <input type="checkbox"/> Heavy</p> <p>4 <input type="checkbox"/> Abstainer</p> <p>5 <input type="checkbox"/> Very light, occasional, infrequent</p> <p>8 <input type="checkbox"/> Other (Specify) _____</p> </div> <div style="font-size: 48pt; margin-left: 10px;">}</div> <div style="margin-left: 10px;">(31)</div> </div>
<p><i>Read to respondent:</i></p> <p>These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</p>	
<p>25a. Was there ever a period in your life when you considered yourself to be a heavy drinker? 56</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25d)</p> <p>b. For how many years were you a heavy drinker? 57-58</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>c. When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week? 59-61</p> <p>_____ Drinks 000 <input type="checkbox"/> Less than one</p> <p>d. Was there ever a period in your life when you considered yourself to be a moderate drinker? 62</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (25g)</p> <p>e. For how many years were you a moderate drinker? 63-64</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p>	<p>25g. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week? 65-66</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p> <p>g. Was there ever a period in your life when you considered yourself to be a light drinker? 67</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (07)</p> <p>h. For how many years were you a light drinker? 68-69</p> <p>_____ Years 00 <input type="checkbox"/> Less than one</p> <p>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week? 70-71</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one</p>

<p><i>Read to respondent:</i> I would like you to think about your drinking of alcoholic beverages, that is, beer, or wine, or liquor, around (date in 10c.)</p> <p>26a. In a typical week, on how many days did you drink alcoholic beverages?</p> <p>_____ Days 00 <input type="checkbox"/> None (27) 80-81</p> <p>b. On the day(s) when you drank, about how many drinks did you have a day?</p> <p>_____ Drinks 82-83</p> <p>c. For how many years was this typical of your drinking?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 98 <input type="checkbox"/> Not typical 84-85</p> <p>27. During the year before your last drink, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?</p> <p>_____ Months 00 <input type="checkbox"/> None (29) 86-87</p> <p>28a. During (that month/those months), on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?</p> <p>_____ Days 000 <input type="checkbox"/> None 88-90</p> <p>b. During (that month/those months), on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the (number in 28a) days you had 9 or more drinks.)</p> <p>_____ Days 000 <input type="checkbox"/> None 91-93</p> <p><i>Read to respondent:</i> These next questions are about drinking during your lifetime beginning with the age you started drinking. I will ask you about heavy, moderate, and light drinking.</p> <p>29a. Was there ever a period in your life when you considered yourself to be a heavy drinker?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (29d) 94</p> <p>b. For how many years were you a heavy drinker?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 95-96</p> <p>c. When you were a heavy drinker, how many drinks of alcoholic beverages did you have in a week?</p> <p>_____ Drinks 000 <input type="checkbox"/> Less than one 97-99</p> <p>d. Was there ever a period in your life when you considered yourself to be a moderate drinker?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (29g) 100</p> <p>e. For how many years were you a moderate drinker?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 101-102</p>	<p>29f. When you were a moderate drinker, how many drinks of alcoholic beverages did you have in a week?</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one 103-104</p> <p>g. Was there ever a period in your life when you considered yourself to be a light drinker?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (08) 105</p> <p>h. For how many years were you a light drinker?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 106-107</p> <p>i. When you were a light drinker, how many drinks of alcoholic beverages did you have in a week?</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one 108-109</p> <p style="text-align: center;">08</p> <p><i>Refer to 29a, 29d, and 29g.</i> 1 <input type="checkbox"/> 29a, 29d, and 29g are all "No" (29j) 6 <input type="checkbox"/> Other (30) 110</p> <p>29j. Was there ever a period in your life when you considered yourself to be a very light, occasional, or infrequent drinker?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (30) 111</p> <p>k. For how many years were you a very light, occasional, or infrequent drinker?</p> <p>_____ Years 00 <input type="checkbox"/> Less than one 112-113</p> <p>l. When you were a very light, occasional, or infrequent drinker, how many drinks of alcoholic beverages did you have in a week?</p> <p>_____ Drinks 00 <input type="checkbox"/> Less than one 114-116</p> <p>30a. What is your MAIN reason for not drinking since (date in 10c)?</p> <p>00 <input type="checkbox"/> No need/not necessary 01 <input type="checkbox"/> Don't care for/dislike it 02 <input type="checkbox"/> Medical/health reasons 03 <input type="checkbox"/> Religious/moral reasons 04 <input type="checkbox"/> Alcoholic/problem drinker-self 05 <input type="checkbox"/> Costs too much 06 <input type="checkbox"/> Family member an alcoholic or problem drinker 07 <input type="checkbox"/> Quit drinking 08 <input type="checkbox"/> Infrequent drinker } (31) 09 <input type="checkbox"/> Other (Specify) _____ 116-117</p> <p>b. Have you completely stopped drinking alcoholic beverages?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 118</p> <p>FOOTNOTES</p>
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RT 66	
31a. Some people have problems related to drinking. Have you EVER had a family or marital problem related to YOUR drinking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (32)	3-4
b. What problem did you have? _____ _____ _____	5 6-11
c. Anything else? <input type="checkbox"/> Yes (Reask 31b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (32)	NCN 12
d. Did [this problem/any of these problems] occur in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
32a. Have you EVER had a job or work problem related to YOUR drinking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (33)	13
b. What problem did you have? _____ _____ _____	14-18
c. Anything else? <input type="checkbox"/> Yes (Reask 32b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (33)	NCN 20
d. Did [this problem/any of these problems] occur in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
33a. Have you EVER had an injury related to YOUR drinking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (34)	21
b. What was the injury? _____ _____ _____	22-27
c. Anything else? <input type="checkbox"/> Yes (Reask 33b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (34)	NCN 28
d. Did [this injury/any of these injuries] occur in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
34a. Did you EVER have any (other) health problem related to YOUR drinking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (35)	29
b. What was the health problem? _____ _____ _____	30-35
c. Anything else? <input type="checkbox"/> Yes (Reask 34b and c) <input type="checkbox"/> No Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (35)	NCN 36
d. Did [this problem/any of these problems] occur in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
35a. While YOU were driving, did you EVER have a motor vehicle accident or traffic violation related to YOUR drinking? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (36)	37
b. Which, a motor vehicle accident or traffic violation? 1 <input type="checkbox"/> Accident 2 <input type="checkbox"/> Violation 3 <input type="checkbox"/> Both Mark box or ask. <input type="checkbox"/> "1 year or more" in O4 (36)	38 39
c. Did you have a [motor vehicle accident/(or) traffic violation] related to YOUR drinking in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
FOOTNOTES	

36. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before.

- | | | | |
|---|--------------------------------|-------------------------------|----|
| a. Hypertension or high blood pressure? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 40 |
| b. Hardening of the arteries? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 41 |
| c. Tachycardia, arrhythmia, or rapid heart? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 42 |
| d. Arthritis or rheumatism? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 43 |
| e. Convulsions or seizures? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 44 |
| f. Blackouts? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 45 |
| g. Shortness of breath? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 46 |
| h. Insomnia or sleeplessness? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 47 |
| i. Hepatitis? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 48 |
| j. Any disease of the pancreas? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 49 |
| k. An ulcer, other than a skin ulcer? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 50 |
| l. Any gastrointestinal bleeding? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 51 |
| m. Diabetes? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 52 |
| n. Heart attack or heart failure? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 53 |
| o. Coronary heart disease? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 54 |
| p. Stroke or hemorrhage of the brain? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 55 |
| q. Angina pectoris? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 56 |
| r. Cancer? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 57 |
| s. Yellow jaundice? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 58 |
| t. Fatty liver? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 59 |
| u. Enlarged liver? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 60 |
| v. Cirrhosis of the liver? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 61 |
| w. Any other liver trouble? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 62 |
| x. DT's or delirium tremens? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 63 |
| y. Alcoholism? | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 64 |

FOOTNOTES

09

Mark by observation. Mark all that apply.

Who was present during the interview?

- | | |
|--|----|
| 1 <input type="checkbox"/> Telephone interview | 65 |
| 1 <input type="checkbox"/> No one else present | 66 |
| 1 <input type="checkbox"/> Husband/wife | 67 |
| 1 <input type="checkbox"/> Child/children under 18 years old | 68 |
| 1 <input type="checkbox"/> Parent(s) | 69 |
| 1 <input type="checkbox"/> Other adult(s) | 70 |

FOOTNOTES

INDUSTRY RECODES OUTLINE

Recodes		Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83			
01	01	010-011,020-021	AGRICULTURE	01-02,07,078
02	01	030-031	FORESTRY AND FISHERIES	08-09
10	02	040-042,050	MINING	10-14
20	03	060	CONSTRUCTION	15-17
(30-34, 40-46)	(04)	-	MANUFACTURING:	
(30-34)			<u>NONDURABLE GOODS</u>	
30	04	100-102,110-112, 120-122	Food and kindred products	201-209
31	04	132,140-142, - 150-152	Textile mill and finished textile products	221-229,231-239
32	04	171-172	Printing, publishing and allied industries	271-279
33	04	180-182,190-192	Chemicals and allied products	281-287,289
34	04	130,160-162, 200-201,210-212, 220-222	Other nondurable goods	21,261-266,291, 295,299,301-304, 306-307,311,313, 314,315-317,319
(40-46)			<u>DURABLE GOODS</u>	
40	04	230-232,241-242	Furniture, lumber and wood	
41	04	270-272,280	Primary metal industries	331-332,334, 3331-3334,3339, 3351,3353-3357, 3361-3362,3369, 339
42	04	281-282,290-292, 300	Fabricated metal industries, including ordnance	341-349
43	04	310-312,320-322, 331-332	Machinery, except electrical	351-359
44	04	340-342,350	Electrical machinery, equipment and supplies	361-367,369
45	04	351-352,360-362, 370	Transportation equipment	371-376,379
46	04	250-252,261-262, 301,371-372, 380-382,390-392	Other and not specified durable goods	321-329,381-387, 394

*Standard International Classification

INDUSTRY RECODES OUTLINE

Recodes		Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83			
(50-54)	(05)	-	TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES	
50	05	400	Railroads	40
51	05	410-411	Trucking service and warehousing	421-423
52	05	401-402, 412, 420-422, 432	Other transportation	41, 43-47
53	05	440-442	Communications	481-483, 489
54	05	460-462, 470-472	Utilities and sanitary	491-497
60	06	500-502, 510-512, 521-522, 530-532, 540-542, 550-552, 560-562, 571	WHOLESALE TRADE	501-508, 5093, 5094, 5099, 511-518, 5191, 5194, 5198, 5199
(61-65)	(07)	-	RETAIL TRADE	
61	07	591-592, 600	General merchandise stores	531, 533, 539
62	07	601-602, 610-611	Food, bakery and dairy stores	541-546, 549
63	07	612, 620-622	Automotive dealers and gasoline stations	551-557, 559
64	07	641	Eating and drinking places	58
65	07	580-582, 590, 630-632, 640, 642, 650-652, 660-662, 670-672, 681-682, 691	Other and not specified retail trade	521, 523, 525-527, 56, 571-573, 591-593, 5941-5949 5961-5963, 598, 5992-5994, 5999
(70-71)	(08)	-	FINANCE, INSURANCE, AND REAL ESTATE	
70	08	700-702	Banking and credit agencies	60-61
71	08	710-712	Insurance, real estate, and other finance	62-67

*Standard International Classification

INDUSTRY RECODES OUTLINE

Recodes		Detail Code (Chrs. 77-79)	Industry Title	SIC Code*
No. 1 Chrs. 80-81	No. 2 Chrs. 82-83			
(75-85)	(09-12)	-	SERVICES:	
(75-76)	(09)		<u>BUSINESS AND REPAIR SERVICES</u>	
75	09	721-722,730-732, 740-742,750	Business services	731-737, 7391-7397,7399, 751,752,754,
76	09	751-752,760	Repair services	753,762-764,7692, 7694,7699
(77-78)	(10)	-	<u>PERSONAL SERVICES</u>	
77	10	761	Private households	88
78	10	762,770-772, 780-782,790-791	Other personal services	701-704,721-726, 729
79	11	800-802	<u>ENTERTAINMENT AND RECREATION SERVICES</u>	78,791-794,799
(80-85)	(12)	-	<u>PROFESSIONAL AND RELATED SERVICES</u>	
80	12	831	Hospitals	806
81	12	812,820-822,830, 832,840	Health services, except hospitals	801-803,8041-8042, 8049,805,807-809
82	12	842,850	Elementary and secondary schools and colleges	821-822
83	12	851-852,860	Other educational services	823-824,829
84	12	861-862,870-872, 880-881	Social services, religious and membership organizations	832-833,835-836, 839,84,861- 866,869
85	12	841,882,890-892	Legal, engineering and other professional services	81,891-893,899
90	13	900-901,910, 921-922,930-932	PUBLIC ADMINISTRATION	911-913,919,92-97
95	14	990 and all other codes except 996	UNKNOWN INDUSTRY	-
96	14	996	NEW WORKER	
97	15	Not applicable	NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (loc. 253) (Under 18 or 18+ and not in Labor Force).	

*Standard International Classification

ATTACHMENT 1

INDUSTRY RECODE TITLES

Code	Titles	Recode No. 1 Inclusions
01	AGRICULTURE, FORESTRY AND FISHERIES	01,02
02	MINING	10
03	CONSTRUCTION	20
04	MANUFACTURING	30-34, 40-46
05	TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES	50-54
06	WHOLESALE TRADE	60
07	RETAIL TRADE	61-65
08	FINANCE, INSURANCE, AND REAL ESTATE	70-71
09	BUSINESS AND REPAIR SERVICES	75-76
10	PERSONAL SERVICES	77-78
11	ENTERTAINMENT AND RECREATION SERVICES	79
12	PROFESSIONAL AND RELATED SERVICES	80-85
13	PUBLIC ADMINISTRATION	90
14	UNKNOWN (includes new workers)	95-96
15	NOT IN LABOR FORCE	97

OCCUPATION RECODE OUTLINE

Recodes		Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90			
(01-03)	(01)	-	EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS	-
01	01	003-006	Officials and administrators, public administration	111-113
02	01	007-009,013-019	Managers and administrators, except public administration	121-128,132-139
03	01	023-029,033-037	Management related occupations	1412,1414-1415,1419, 142-143,1442-1443, 1449,145,1472-1473, 149
(04-11)	(02)	-	PROFESSIONAL SPECIALTY OCCUPATIONS	-
04	02	044-049,053-059	Engineers	1622-1628,1632-1637, 1639
05	02	043,063	Architects and surveyors	161,164
06	02	064-069,073-079	Natural mathematical and computer scientists	171-172,1732-1733, 1739,1842-1843, 1845-1847,1849, 1852-1855
07	02	084-089	Health diagnosing occupations	27,261-262,281,283, 289
08	02	095-099,103-106	Health assessment and treating occupations	29,301-302,3031-3034, 3039,304
09	02	113-119,123-129, 133-139,143-149, 153-159,163-165	Teachers, librarians and counselors	2212-2218,2222-2228, 2231-2238,2242-2247, 2249,231-233,235,236, 239,24,251,252
10	02	183-189,193-195, 197-199	Writers, artists, entertainers and athletes	34,321-329,331-333, 398
11	02	166-169,173-179	Other professional specialty occupations	1912-1916,1919,192, 2032-2033,2042,2049, 211-212
(12-13)	(03)	-	TECHNICIANS AND RELATED SUPPORT OCCUPATIONS	-
12	03	203-208	Health technologists and technicians	362-366,369
13	03	213-218,223-229, 233-235	Technologists, technicians except health	3711-3713,3719, 372-373,382, 3831-3833,384,389, 392-393,396, 3971-3972,3974,399, 825

*Standard International Classification

OCCUPATION RECODE OUTLINE

Recodes		Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90			
(14-16)	(04)	-	SALES OCCUPATIONS	-
14	04	243	Supervisors and proprietors	40
15	04	253-259	Sales representatives, commodities and finance	4122-4124, 4152-4153, 421, 423-424
16	04	263-269, 274-278, 283-285	Other sales	4342-4348, 4351-4354, 4356, 4359, 4362-4367, 4369, 444-447, 449
(17-21)	(05)	-	ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL	-
17	05	308-309	Computer equipment operators	4612-4613
18	05	313-315	Secretaries, stenographers and typists	4622-4624
19	05	337-339, 343-344	Financial records processing occupations	4712-4713, 4715-4716, 4718
20	05	354-357	Mail and message distributing	4742-4745
21	05	303-307, 316-319, 323, 325-329, 335-336, 345-349, 353, 359, 363-366, 368-369, 373-379, 383-387, 389	Other administrative support	4511-4519, 4521-4529, 463, 4642-4645, 4649, 4662-4664, 4692, 4694, 4696, 4699, 4722-4723, 4729, 4732-4733, 4739, 4751-4759, 4782-4784, 4786-4787, 4791-4795, 4799
22	06	403-407	PRIVATE HOUSEHOLD OCCUPATIONS	502-507, 509
(23-24)	(07)	-	PROTECTIVE SERVICE OCCUPATIONS	
23	07	413-414, 416-418, 423-424	Police and firefighters	5111-5112, 5122-5123, 5132-5134
24	07	415, 425-427	Other protective service occupations	5113, 5142, 5144, 5149
(25-28)	(08)	-	SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD	
25	08	433-439, 443-444	Food service	5211-5219
26	08	445-447	Health service	5232-5233, 5236
27	08	448-449, 453-455	Cleaning and building service	5241-5242, 5244-5246, 5249
28	08	456-459, 463-469	Personal service	5251-5258, 5262-5264, 5269

*Standard International Classification

OCCUPATION RECODE OUTLINE

Recodes		Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90			
(29-31)	(09)	-	FARMING, FORESTRY AND FISHING OCCUPATIONS	
29	09	473-476	Farm operators and managers	5512-5515, 5522-5525
30	09	477, 479, 483-489	Farm workers and other agricultural workers	5611-5619, 5621-5622, 5624-5625, 5627
31	09	494-499	Forestry and fishing occupations	571-573, 579, 583-584, 8241(pt.)
(32-34)	(10)	-	PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS	
32	10	503, 505-509, 514-519, 523, 525-527, 529, 533-536, 538-539, 543-544, 547, 549	Mechanics and repairers	60, 6111-6118, 613-614, 6151-6159, 616, 6171-6179
33	10	553-558, 563-567, 569, 573, 575-577, 579, 583-585, 587-589, 593-599, 613-617	Construction and extractive trades	6311-6316, 6318, 632, 6412-6414, 6422, 6424, 6432-6433, 6442-6444, 645, 6462-6468, 6472, 6476, 6479, 652-654, 656
34	10	633-637, 639, 643-647, 649, 653-659, 666-669, 673-679, 683-684, 686-689, 693-696, 699	Precision production occupations	67, 71, 6811-6814, 6816-6817, 6821-6824, 6829, 6831-6832, 6835, 6839, 6844, 6852-6854, 6856, 6859, 6861-6862, 6864-6867, 6869, 6871-6873, 6879, 6881-6882, 691-696, 7447, 7668, 7677, 7752, 828,

*Standard International Classification

OCCUPATION RECODE OUTLINE

Recodes		Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90			
OPERATORS, FABRICATORS AND LABORERS				
(35-36)	(11)	<u>MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS</u>		
35	11	703-709,713-715, 717,719,723-729, 733-739,743-745, 747-749,753-759, 763-766,768-769, 773-774,777,779	Machine operators and tenderers, except precision	6841-6842,6849,6855, 6863,6868,7312-7319, 7322,7324,7326,7329, 7339,7342-7344,7349, 7431-7435,7439, 7443-7444,7449, 7451-7452,7459, 7462-7463,7467,7472, 7474,7476-7478, 7479(pt.),7512-7519, 7522,7529,7539, 7542-7544,7549, 7631-7636,7639, 7642-7644,7649, 7651-7652,7654-7659, 7661-7667,7669, 7671-7676,7677(pt.), 7678-7679
36	11	783-787,789, 793-799	Fabricators, assemblers, inspectors, and samplers	7332-7333,7532-7533, 7714,7717,772,774, 7753-7759,782-785,787
(37-39)	(12)	TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS		
37	12	803-806,808-809, 813-814	Motor vehicle operators	8111,8212-8216, 8218-8219,874
38	12	823-826,828-829, 833-834	Other transportation, except motor vehicles	8113,8232-8233,8239, 8241(pt.),8242-8245
39	12	843-845,848-849, 853,855-856,859	Material moving equipment operators	812,8312-8319
(40-41)	(13)	HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS		
40	13	869	Construction laborers	871
41	13	863-867,873, 875-878,883,885, 887-889	Freight, stock and material handlers	85,861-863, 8641-8646,8648,865, 8722-8726,873,875, 8761,8769

*Standard International Classification

OCCUPATION RECODE OUTLINE

Recodes		Detail Code (Chrs. 84-86)	Occupation Title	SIC Code*
No. 1 Chrs. 87-88	No. 2 Chrs. 89-90			
95	14	999 and all other codes except 990	UNKNOWN OCCUPATION	
96	14	990	NEW WORKER	
97	15	Not applicable	NOT IN LABOR FORCE - codes Blank and 8 in current activity recode (Loc. 253.) (Under 18 or 18+ and Not in Labor Force)	

*Standard International Classification

OCCUPATION RECODE TITLES

Code	Titles	Recode No. 1 Inclusions
MANAGERIAL AND PROFESSIONAL SPECIALTY OCCUPATIONS		
01	EXECUTIVE, ADMINISTRATIVE AND MANAGERIAL OCCUPATIONS	01-03
02	PROFESSIONAL SPECIALTY OCCUPATIONS	04-11
TECHNICAL, SALES AND ADMINISTRATIVE SUPPORT OCCUPATIONS		
03	TECHNICIANS AND RELATED SUPPORT OCCUPATIONS	12-13
04	SALES OCCUPATIONS	14-16
05	ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL	17-21
SERVICE OCCUPATIONS		
06	PRIVATE HOUSEHOLD OCCUPATIONS	22
07	PROTECTIVE SERVICE OCCUPATIONS	23-24
08	SERVICE OCCUPATIONS, EXCEPT PROTECTIVE AND HOUSEHOLD	25-28
09	<u>FARMING, FORESTRY AND FISHING OCCUPATIONS</u>	29-31
10	<u>PRECISION PRODUCTION, CRAFT AND REPAIR OCCUPATIONS</u>	32-34
OPERATORS, FABRICATORS AND LABORERS		
11	MACHINE OPERATORS, ASSEMBLERS AND INSPECTORS	35-36
12	TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS	37-39
13	HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS	40-41
14	UNKNOWN OCCUPATION (includes New Workers)	95-96
15	NOT IN LABOR FORCE	97